Lectures
ON
SYPHILITIC INOCULATION IN 1865.

By HENRY LEE, F.R.C.S.,
SURGEON TO ST. GEORGE'S HOSPITAL.

LECTURE II.
SYPHILIZATION.

It is not necessary to enter fully into the history of the origin and growth of the method which is known by this term; but it may be well very succinctly to recapitulate the facts.

About 1844 M. Auzias Turenne undertook a series of experiments in order to test the accuracy of the doctrine advanced by M. Ricord, that syphilis was not communicable to the lower animals. At that time, be it remembered, the pathology of syphilis had not undergone the revolution which the more modern doctrines concerning the distinct nature of the two forms of syphilis have introduced. M. Auzias Turenne unquestionably succeeded in communicating the soft sore to animals, and from these to men; but there was no satisfactory evidence of his having communicated the general or constitutional manifestations of syphilis by this means. He noticed, however, that the effects of the inoculation gradually became less and less, until they failed altogether and an immunity was reached. This immunity he supposed to be due to the saturation of the system with the syphilitic virus. The process was naturally termed "syphilization," and the effect (immunity) having been reached, the animal was said to be "syphilized." M. Sperino, of Turin, subsequently employed this system of repeated inoculation for the cure of syphilis. Professor Boeck, from having witnessed Sperino's practice, next commenced his investigations, practised these inoculations on a grand scale, and became satisfied of the efficacy of this mode of treatment as being superior to all others, and particularly to that by mercury. The practice became very common in the north of Europe, and the year 1865 has witnessed its practice in this country, under the immediate *surveillance* of Dr. Boeck himself. It has been almost entirely owing to the weight of this gentleman's qualities as a most able, scientific, and conscientious observer—to the strength of his convictions, and to his enthusiastic unselfishness in propagating them—that the standard of what threatens to become a revolution in the therapeutics of syphilis has been so successfully planted on English soil.

The *modus operandi* is well known, and is very simple.

"The inoculations are performed first on the sides of the thorax, then on the arms, lastly on the thighs. Six punctures are made every three days in symmetrical positions, the matter from each inoculation being always taken from its predecessor as long as it takes effect, a fresh supply being used only when the former has entirely lost its force." The pustules from which the matter is taken *form in about three days*. More frequent or more numerous punctures are not deemed desirable, because, if the process be carried on with too much rapidity, *immunity is attained before the syphilitic symptoms are cured*. The matter used is said to be taken from an indurated chancre by preference. The mean time required to complete the cure is said to be *four months, six months*, or even longer.

For the spirit in which we should study this subject we cannot do better than quote Dr. Boeck himself:—"As medical men, and studying the natural sciences in general, we must observe nature, and from these observations draw our conclusions.....Truth in the first place, and *only* truth, must be our object. So it must be with syphilization."

The early theory formed of the process was embraced in the word given to it: that theory has perished, while the term has been retained. Syphilization is certainly a misnomer. For let us allow that we can make an almost indefinite number of ulcers on the person of a syphilitic by repeated inoculations of the pus of an indurated chancre, there is here no analogy to the process by which other animal poisons are carried into a patient's constitution—to vaccination, for example. In vaccinating, we take a poison, and we produce the vaccine disease by inserting it in the arm of an infant; local changes ensue, with concomitant constitutional ones; the infant is protected by a perfect vaccine vesicle, for a variable but long time, against the recurrence of vaccinia, and from the poison of variola. The process of syphilization is clearly different from this. As to the absorption and saturation of the system with syphilitic poison, this was a theory which contradicted the dictates of common sense, as well as all sound pathology. It is not wonderful, then, that so sound a thinker as Dr. Boeck rejected it. Honestly stating his ignorance of the method by which syphilization acts, he frankly gives his conception of it in these words:—

"The syphilitic disease tends to go through a certain course, and does so very often when we let it alone, without any medicine. But often nature cannot help herself, in these chronic diseases, as we have many relapses. Mercury will arrest in a short time the development of the disease on the skin and on the mucous membranes; but is this desirable? I believe not. When the disease cannot go through its own natural course, the interior organs are very easily affected. By syphilization I help nature."

It must be at once conceded that the absence or insufficiency of a theory is of little importance provided the practice inculcated be borne out by experience. Let us say, then, at once, that there can be no doubt that its claims are urged upon us by the testimony of many able and impartial observers.

Dr. Boeck says: "In syphilization we have a series of phenomena which are quite new. The first thing we observe is that, if we continue our inoculations with the syphilitic virus, the organism gradually becomes proof against the virus. This is an all-important fact, with which I have been extremely struck, and which showed that I had before me a thing which ought to be studied. At the same time, also, when we have obtained this immunity, we find that we have a healthy individual before us."....Again: "Not to have a mere discussion in words, and not to be misunderstood, I will explain in another manner the state which is obtained by continued inoculations. The organism, with regard to the syphilitic virus, never comes back to the same state in which it was before syphilization."

These quotations are taken from a report of Dr. Boeck's speech at a meeting of the Medical Society of London, and are to be found in THE LANCET of January 13th, 1866.

Let us examine the more salient and prominent features of this method in detail.

1st. Are the phenomena observed in syphilization so peculiar and new that they cannot be referred to the operation of any natural law; such, for instance, as that the skin—nay, the body itself—may possess a power of resistance against irritants and poisons, so that these require to be increased in force or amount to sustain their primary effect until such a condition of insusceptibility to their action is produced that they finally cease to have any effect at all?

2nd. What is the *modus operandi* of the action of syphilization? Does it exert a specific—that is, an action not only different in degree, but distinct in *kind* from that derivative and depurative one which all processes of continuous suppuration more or less possess?

3rd. In what sense is it curative? Is it by preventing or removing the *manifestations* of syphilis?—or is it by *eradicating the virus* on the presence of which the disease depends?

Lastly. In a concluding lecture, we will institute a comparison between this process of cure and that obtained by calomel fumigation.

It is not of course meant to imply that the animal system can be so habituated to a deadly poison that no dose of it would be fatal. No doubt the law of toleration possesses limits, very narrow indeed in some cases, as it is wide in others. It exists, nevertheless. It is a fact well known to toxicologists that opium and arsenic do lose their effect by use; that the opium and arsenic eater can take far larger doses than an ordinary person. The same with other medicines, and notably with purgatives. Nay, we might go further, and say that this law comprehends something still wider and more mysterious. Its influence is felt upon our moral as well as our corporeal being, as psychologists well know. As more strictly relevant to syphilization, our observations, however, have reference to the action of irritants on the skin; and within these limits we can easily trace the influence of the law to which I have referred.

We have numerous experimenters declaring that various

irritants gradually lose their effect. It is stated that those who are habitually subject to be stung by mosquitoes or by bees gradually acquire a kind of immunity against the irritation which the poisons of these respective insects produce upon others. M. Cullerier found that repeated vesication gradually lost its effect, and finally a point was arrived at when blisters could be applied to the body without irritation being excited; and in some cases existing constitutional syphilis was cured. The experiments of Dr. Hammond have led him to results, he says, similar to those arrived at by Cullerier. He has repeatedly noticed that, in cases where it was deemed advisable to keep up continued blistering, the irritant at last began to lose its power; and he details a series of experiments which he conducted, including some on his own person, to prove that at any rate a temporary immunity was obtained after repeated blistering, this immunity extending over sixteen days on one occasion, and over a month on another and subsequent occasion.

Dr. Lindwurm of Munich made some experiments which, he thought, proved that the curative influence which syphilization may possess may be due to the excretory action of numerous and prolonged simple ulcerations. He submitted fourteen syphilitic patients to frictions with tartar-emetic ointment, without any other treatment. When the pustules from one inunction had dried up, a fresh crop was produced by a second inunction at another place; and this was repeated. The results here were in some instances very favourable, in others less so, and in others negative.*

It has often been observed that croton oil will lose its effect on the skin of a part after a few applications. In the case of a patient suffering from chronic syphilitic laryngitis a liniment of croton oil was applied to the integument of the throat until it ceased to have any effect; then tartar-emetic ointment was used. At first, pustules and small ulcers were produced; afterwards, similar pustules; until at last the repeated application of a still stronger ointment failed to produce any effect whatever. How long this localized immunity might have lasted was not ascertained, because the patient left the hospital.

But the action and curative influence of a blood depuration through the skin by means of irritant applications was never, perhaps, so zealously tried upon a large scale as by Dr. Rennie, the late surgeon of H.M. 31st Regiment, whilst in China. I have been enabled to peruse some of his statements contained in an extract from an English paper published in North China, and have obtained a great many particulars from Assistant-Surgeon Dr. M'Carthy, who was an eye-witness of the practice, and who repeatedly heard patients declare that inunction with tartar-emetic ointment had completely lost its effect.

Dr. Rennie was first led to adopt this method from observing in 1852 a very obscure and fatal form of disease marked by high fever, internal dropsy, bronchitis, and swelling of the joints, prevailing amongst a corps of Gun Lascars recruited from the Madras army, and attached to the Royal Artillery in China. He recognised a remarkable connexion to exist between internal diseases and irregularities in the modes of termination of intermittent fever. He perceived that so long as the men had regular attacks of fever terminating by sweating they were free from any affection of the bowels; but that so soon as the febrile paroxysms ceased to pass off by perspiration, they were, as a general rule, seized with diarrhœa, and the eliminative action through the intestinal mucous membrane was frequently the precursor of dysentery. He was further led to believe that there were no reasonable grounds for thus limiting to the bowels the diseases to which these irregularities might give rise; but that the lungs, the stomach, the glandular system generally, the lining membranes of the chest, the abdomen, and the brain, according to constitutional predisposition to local derangement, became involved in the same process. Such was his conception of the relation existing between fevers and those disordered conditions of internal organs called their complications.

As might easily be imagined, it was not long before the pathology of almost every disease was supposed by Dr. Rennie's active mind to fall within the terms of this theory. Besides fevers, many other diseases exhibited, according to him, symptoms "depending on the presence in the blood of the elements of purulent matter, which if left to pursue their course might terminate in some fatal suppurative action or purulent collection internally, but which could be arrested in their growth, and the matter in the course of formation within the current of the circulation extracted from the blood and conducted to an innocuous termination."

* New Sydenham Society's Year-Book, 1859, p. 325.

With this view he was led to use frictions with tartar emetic and croton oil, because (he says), as a general rule, whatever there may be at the time in the blood foreign to its natural constitution, will be, by careful and repeated applications of these agents, precipitated on the surface of the body. "By this treatment I am satisfied," he adds, "I have prevented a large amount of disease, and cured a good deal that had become serious by opening up a new mode of exit to the morbid matter in the blood, thereby relieving diseased organs from further irritation, and allowing them to recover an amount of integrity which they could not have done if they had continued to have been used for the excreting of blood impurities."

Among other cases, syphilis was so treated, with the effect, as Dr. Rennie conceived, of preventing secondary eruption. Such was not the case, however; for the hard sore was very uncommon at that time in North China, and the statistics of other regiments proved that secondary disease was equally uncommon in them. Now, *it was a curious fact—a fact to which this medical officer used to point in corroboration of his views as to the exhaustion of the morbid matter through the skin—that these remedies completely lost their effect in time.* The integument refused to respond to the irritants. Large numbers of different cases of disease—hundreds I am assured—were treated by this method, and the patients almost unanimously concurred in the statement that frictions with croton oil and tartar-emetic ointment would produce no effect after a time; and, what is more, after a "course" of frictions with the *latter agent*, the immunity was not merely local, but *general, for healthy portions of skin were proof against the action of the ointment.* As to the period of time during which such immunity lasted, however, I have not been able to glean any satisfactory evidence.

A consideration of the views propounded by Dr. Rennie is, of course, quite foreign to the present purpose; but there is a close analogy between the action of this method and that of continuous inoculation. The derivative and depurative action through the skin appears to have been really useful in many cases—at least Dr. Rennie was thoroughly convinced of it; but the immunity having been reached, the full therapeutic power of these agents had been reached likewise, and it remained for time to remove any manifestations of disease that might then remain. The theory was based upon the assumption that an artificial stimulation of the action of the skin was seconding the natural efforts, and was prophylactic against the occurrence of internal diseases, by opening an external road for the elimination of the morbid matters. It must be remembered that the effects which follow the repeated application of external irritants are very inferior to those obtained from the inoculation of the virus of the soft sore. The first are simple pustules or ulcers, constantly tending to heal; the latter are specific ulcers, pursuing a longer and more active course, difficult of eradication, and produced by an agent of superior and more subtle powers. Whatever be the curative powers possessed by the first, must reside much more strongly in the last; the immunity would not be nearly so speedily obtained, but on that account would be much more durable.

Although Dr. Boeck maintains the immunity to be complete and permanent after the virus from several fresh sources has been used and failed, and that matter from any source has no more effect than so much water, this is rather asserted than proved. Until those who have undergone "syphilization" have been made the subjects of experiments at various intervals of time, such permanency has yet to be demonstrated. Until this has been done, it seems more consonant with pathological laws to suppose Professor Faye's explanation of the facts to be the true one—viz., that the result is a temporary immunity—be it short or long—of the over-stimulated skin, and that the cure of syphilis is due to the depuratory action of the skin excited by successive inoculations.

It may also be noted as a fact worthy the serious consideration of the profession, that the immunity itself is a thing not so easily produced. During the four months that Professor Boeck remained in this country he has produced, as was supposed, immunity in two patients only. Mr. James Lane was good enough, after the immunity was supposed to be established, to allow me to perform a fresh inoculation upon each patient. A specific pustule was in each case produced, and from one of these Mr. Lane himself again inoculated.

We have next to consider the *modus operandi* of syphilization, and endeavour to trace the nature and cause of its curative influence by the light of other facts.

Now, there are two very important elements in this method of cure—viz., firstly, the period of time which it involves; secondly, the drain on the system created by the continuous

suppurative action which is artificially set up, in addition to those morbid eliminative manifestations on the skin and mucous membranes which belong to the natural evolution of the disease.

The lapse of time in itself, as Dr. Gardiner has remarked, implies a source of fallacy. The influence of time seems to be the explanation underlying the statement (if true) that it is necessary not to make the inoculations too numerous or too frequent, lest immunity be reached before the cure of the patient is established. M. Diday, in his "Histoire Naturelle de la Syphilis," has laboured to demonstrate the doctrine, that in the majority of cases, even in the absence of treatment, syphilis tends to self-limitation, and that its symptoms ultimately cease to appear, leaving the patient in a fair state of health. The evolution of diseased manifestations is not continuous, but successive,—one set of symptoms tending spontaneously to disappear, and to be replaced by another and another; the number and severity of these different outbreaks differing in different cases, but still tending to become less severe, and with longer periods intervening between them, until they finally disappear altogether. So completely may this be the case that the patient may be susceptible of contracting the primary disease *de novo*, either without any glandular enlargement or general infection, or even in the form in which it originally appeared.

Out of 43 cases treated by M. Diday on the non-mercurial plan, in 26 the general symptoms never assumed a serious character, and the general health was finally re-established. In 18 of these cases, sufficient time had elapsed to render the permanence of the cure almost certain. The remaining 17 of the 43 cases treated non-mercurially were of a more serious nature. Some of them might have terminated in spontaneous cures; but M. Diday did not consider himself justified in any longer withholding mercury for their treatment. (M. Diday's work contains tables of all these cases, showing the number of outbreaks and the date of the last manifestations, &c.) There can be no doubt, also, that, in many cases treated non-mercurially, the earlier successive stages of constitutional manifestation spontaneously disappear. The health may be *apparently* completely re-established; yet, after very considerable intervals of time, the virus sometimes no longer remains latent, but—called into action by some change of climate, life, or defective general health—syphilitic manifestations again exhibit themselves. Of this fact we have had abundant evidence. Our observations are, therefore, beset with many difficulties. Some of the patients treated by syphilization have exhibited tertiary symptoms; and, considering the very long interval of time at which these symptoms may appear, others may yet occur. The best test, perhaps, although an imperfect one, which we possess of the eradication of the virus from the system, is the non-hereditary transmission of the disease—the procreation of healthy children; and it still remains to be seen whether any remedy, or any combination of remedies, be as efficacious as mercury when tested in this way.

Secondly. The next point is the influence which external suppurations, ulcerations, &c., exert upon the course and character of the syphilitic manifestations. Some evidence on this subject has been already advanced.

In common with many other observers, I have been forcibly struck with the bearing of this fact—viz., that so long as a suppurating or phagedenic ulceration exists in a syphilitic subject, the more general manifestations may not appear, or fail to advance when present. And these slow chronic ulcerations are amongst the most intractable forms of the disease. The syphilitic taint may be evidenced in this way only, to the exclusion of other and more general symptoms, and the health of the patient may not be notably affected, the action of the virus appearing to be localised and confined within the narrow limits of an open sore—a phagedenic or a serpiginous ulceration. In a case recently under observation, the appearance of a syphilitic exanthem was witnessed contemporaneously with the healing up of some ulcerated, suppurating lesions.

In former lectures I have observed that "fresh inoculations from suppurating sores, during the time of their development, check the activity of the other lesions of the skin;" and there would seem to be good grounds for believing that they exercise the same influence over other lesions elsewhere seated. Thus Dr. Stoenborg says (as quoted in Dr. Aitken's "Science and Practice of Medicine," vol. i., p. 716) that he has seen the existence of an ulcer of a tertiary kind act as a natural issue in subduing the irritation of syphilitic cerebral disease; an entire remission of the nervous symptoms having occurred while the ulcer remained open.

"In my opinion," says Dr. Boeck, "it matters little whether the treatment requires some days more or less; it also matters little whether a new rash appears. The more important point is whether the relapse is connected with serious injuries of parts—for example, with loss of the nose. But the principal thing is, that the interior organs—the nervous system, the liver, the kidneys, &c., are not affected." The study of these internal syphilitic diseases is only now beginning; but in several hospitals of London I have seen such diseases, which have been shown to me as of syphilitic origin.

It is highly probable that syphilization, like tartar-emetic ointment, but in a far superior degree, may exert a very powerful influence in preventing the syphilitic diseases of internal organs by diverting the *materies morbi* to the external covering of the body, and by depurating the system through this part. We cannot, however, speak as yet of this with any certainty, because we lack the necessary number of observations as to the pathological state of the internal organs of *persons treated by syphilization*.

The study of this branch of the subject of syphilis mainly depends upon our advanced pathology; for since the observations of morbid anatomists have pointed out the frequency of internal syphilitic lesions, the history and symptoms which may attend these lesions have been more largely sought for and investigated. The publications of Dr. Wilks and Prof. Aitken will, however, corroborate the statement that syphilitic lesions of bone, muscle, nervous tissue and glands, have been frequently traced on the dead bodies of patients, whose symptoms during life afforded no suspicion of their existence.

The next lecture will be principally devoted to the treatment of syphilis, and to a comparison of its treatment by syphilization and by the calomel vapour bath respectively.

PRACTICAL OBSERVATIONS ON CERTAIN VARIETIES OF INSANITY THAT ARE FREQUENTLY CONFOUNDED.

BY HENRY MAUDSLEY, M.D. LOND.,

PHYSICIAN TO THE WEST LONDON HOSPITAL; FORMERLY RESIDENT PHYSICIAN OF THE MANCHESTER ROYAL LUNATIC HOSPITAL.

I.—MELANCHOLIA WITH STUPOR, AND DEMENTIA.

IT is not common in practice to find the different kinds of insanity, which are so precisely described in books, nearly so definitely marked and so broadly distinct as they are usually supposed to be. One form is very apt to run insensibly into or to take the place of another, and between the typical forms all sorts of hybrid varieties are met with. Mania, melancholia, and dementia are not, as one so easily glides into the habit of thinking they are, definite pathological entities; they are truly different degrees or sorts of degeneration of the mental organization, or of deviation from healthy mental life; and they are consequently sometimes found intermixed, or replacing one another, or manifested in successive order in the same individual. General paralysis is that form of insanity which is perhaps most characteristically defined, and least liable to be confounded with any other form; and yet it is scarcely possible for an experienced physician, when brought face to face with certain exceptional cases of general paralysis, to say positively whether the disease is general paralysis or some form of secondary dementia complicated with paralysis. This difficulty, arising directly from the manifold varieties of its features, has its deeper origin in the very nature of mental disease. The character of the person afflicted is an essential element in the determination of the particular symptoms of his mental degeneration; and as no two characters, like no two faces or no two voices, are exactly alike, the symptoms of mental degeneration are infinite in variety.

Two sorts of insanity, which are very like one another and are not seldom confounded, but which are really different, are a form of melancholy known as "melancholia attonita," or melancholy with stupor, and the stupor of actual dementia. It is certainly a very hard matter to distinguish them, and yet

it may be of great consequence to do so correctly. Recently, I was asked to see a gentleman having all the appearance of a demented person, and supposed to be hopelessly demented, for the purpose of a Commission in Lunacy. But on seeing the patient, and being made acquainted with his previous history, it appeared more probable that he was not actually demented, and that, as there was some hope of recovery, it would not be well to take out a commission. And the event happily proved the wisdom of the caution; for the man entirely recovered before the expiration of a year. I shall strive now, therefore, to point out how forms of disease so like in appearance, but so different in reality, may be distinguished.

In melancholia attonita, or melancholia cum stupore, as it is sometimes called (melancholie avec stupeur, or stupidité, by the French; Melancolie mit Stumpfsinn, by the Germans), the patient has certainly the appearance of one demented. He moves sluggishly to and fro, or stands statue-like in one place, or sits quite impassive; and where he stands or sits, there he must be fed, and there he passes his motions; for bodily wants and necessities are alike unheeded. The expression of the face is that of vacant, self-absorbed amazement, the patient being as one astonied; or it takes the fixed form of some painful passion; as if in a trance, he scarce seems to see or hear; there is partial or general insensibility of the skin, and consciousness of time, place, and persons is lost. The muscles of the body are generally lax, or some of them may be fixed in a cataleptic rigidity. Extinct as all intelligence, feeling, and volition seem to be, the patient's mind is still not a blank, for it is possessed by one great and terrible delusion—as, for example, that the world is come to an end; that he is in hell; that he is standing on the edge of a volcano or of a sea of blood, and must not move a step for fear of his life: and when he recovers, he is as one awakened out of a frightful dream which he remembers. How is such stupor to be distinguished from the stupor of actual dementia? To an on-looker the patient is to all intents and purposes demented; for as to live in one sensation would be equivalent to having no sensation at all, so for a mind to be entirely absorbed in one terrible delusion—to be fixed, as it were cataleptically, in one persistent state of morbid consciousness—is equivalent for the time being to there being no mind at all.

This condition may sometimes be distinguished from the ordinary form of chronic secondary dementia by the gradual supervention of the latter on some other form of mental disease, when the history of the disease can be traced. Not always so, however; for although melancholia with stupor is sometimes primary and of sudden origin, it occurs at other times after epileptic attacks, and after acute mania, with which last it may even alternate. Moreover, there is an acute dementia of sudden origin, scarcely noticed in books, which has the closest resemblance to melancholia with stupor, and which there is the greatest difficulty in distinguishing from it. It is important, then, to recognise the usual conditions of the occurrence of acute dementia, more especially as they have not hitherto received due attention.

Acute dementia sometimes follows a serious attempt at strangulation, or a series of epileptic fits, and lasts for a few hours or days; and, in one case which came under my observation, there was strong reason to believe that a masked epilepsy appeared in that guise. A man of epileptic visage, and said to have had "fits" occasionally, was suddenly, after some faintness, affected with a blank confusion of mind, and complete inability to recognise anybody or anything—to remember the past or appreciate the present; he was, in fact, completely demented. So he remained for a few days, and then got quite well. It is well known to those who are familiar with the manifold varieties of insanity that are met with in connexion with epilepsy, that there may occur, in place of the usual epileptic fits, an attack of acute mania, or of dangerous moral insanity, the insanity really being a masked epilepsy. This vicarious manifestation of convulsion was noticed long ago by Dr. Darwin in his "Zoonomia," and has recently been insisted upon by M. Morel. The case above mentioned may, I think, be held to establish the probability that acute dementia sometimes occurs as a masked epilepsy.

Again, after certain acute diseases, as typhoid and typhus fevers, pneumonia, acute rheumatism, insanity sometimes follows, taking usually in such case the form either of delirium or of acute dementia, according seemingly to the degree of shock which the nervous system has undergone. So occurring, acute dementia may easily be recognised. But it is sometimes brought on suddenly by a great moral shock, and it now and then undoubtedly occurs in young men and women as a primary disease, of unknown causation, though apparently connected in some way with disturbed sexual functions. It is not unknown how great a revolution takes place in the mind at puberty when the sexual life awakens into activity; how intimate is that connexion whereby, as Goethe aptly expresses it, "There is an awakening of sensual impulses which clothe themselves in mental forms, of mental necessities which clothe themselves in sensual images;" and it may well be, therefore, that in after-life a great moral commotion, issuing in the destruction of the mental equilibrium, may have its real origin in some abnormal condition of the sexual functions. At any rate, such cases of sudden acute dementia do occur in practice, whatever be their origin. For example: a pale, delicate, fragile, blue-eyed young lady, aged twenty-five, came under my care after being ill for a week. She had not taken food, and was much exhausted. Her vacant, wandering eyes were devoid of all intelligent perception, and her countenance was blank and expressionless. There was a restless, agitating movement to and fro of the body generally, and of the head in particular, with a low monotonous moaning. She was speechless, and it was impossible to elicit any kind of response, or to fix her attention. She took no food, save what was forced into her mouth, and was inattentive to the calls of nature. Before three months were over she completely recovered under the appropriate treatment. She had suffered some disappointment of her affections; menstruation had ceased, and acute dementia followed.

Another somewhat similar case was that of a young gentleman, aged nineteen, of pale, delicate appearance, with large prominent grey eyes. He had for some time been employed rather hard in an office, and had not quite satisfied his friends with his conduct out of it, when one day he was suddenly seized with a quasi-hysterical attack of incoherency. There was blank confusion of mind; he neither uttered nor expressed otherwise anything indicating ideas in his own mind, and he was unconscious of what was said by others and of what was going on around. There were occasional periods of confused excitement. He took no food except it was forced upon him, and was inattentive to the calls of nature. His head had been leeched in order to subdue the supposed excitement, and he had in vain taken the most drastic purgatives in order to remove an obstinate constipation. Brandy, eggs, and beef-tea, removing the exhaustion, soon subdued all excitement; a simple enema of castor oil produced full action of the bowels, and within a month he quite recovered his senses.

I could bring forward other examples of acute primary dementia; but the foregoing will suffice here to establish the reality of the disease, its general character, and its curability. The prognosis in acute dementia, properly treated, is indeed, on the whole, exceedingly good—better even than the commonly favourable prognosis in melancholia with stupor. When patients recover they do not remember anything of their state; the mental functions having been suspended or paralysed, themselves have been as if they were not. In truth, we might not unjustly say that while melancholia attonita represents a sort of convulsion of the mind, acute dementia represents a paralysis thereof.

What are their differential features, so far as recognisable? As a matter of fact, an instinct, which cannot be analysed and plainly expounded in words, commonly guides the decision in a particular case. The historical development of the disease should be carefully weighed, and close attention given to its outward and visible characters, and especially to any variations in its course. The expression of the melancholic is that of one astonied, or as if fixed in a painful trance,—the mind veiled, as it were, by a great cloud let down between it and the external world; the patient stands or sits in one place, or moves slowly to and fro; he often offers a passive resistance to being moved from one place to another, or to being fed; sometimes he exhibits a strong tendency to suicide, and at times a temporary excitement; on recovery he remembers his suffering as a painful dream, and that he was dimly conscious perhaps during it of what was going on around, but could not speak nor make known his state, so completely was he cut off from the external world. In dementia the countenance is expressionless; there is no resistance offered to being moved; the patient passively takes food when it is given to him; he is not suicidal; any excitement which occurs is of a very confused and aimless character; and on recovery there is no remembrance of what has happened during the attack.

The prognosis in melancholia attonita is favourable; but it becomes very unfavourable if recovery does not take place within a few months, the disease then passing into chronic incurable dementia.

Queen Anne-street, March, 1866.

A CASE OF
FRACTURE OF THE BASE OF THE SKULL.

BY CARSTEN HOLTHOUSE, ESQ., F.R.C.S.,
SURGEON TO THE WESTMINSTER HOSPITAL.

As the death, by accident, of Mr. Edward Lloyd, for forty years the "College John" of the Westminster School, has attracted considerable public attention, an account of his symptoms and the injuries found after death may prove interesting to the readers of THE LANCET to whom he was known, and to the profession generally. Mr. Lloyd was crossing Abingdon-street about a quarter to ten P.M. on Saturday the 17th inst., when he was knocked down by a Hansom cab, and brought into the Westminster Hospital insensible, and in this condition he remained till his death, which took place at half-past five P.M. of the 20th. Nobody saw the poor fellow knocked down; even the cabman himself, from the evidence he gave at the inquest, did not notice him till he was on the point of falling just in front of the horse; but from the appearances presently to be described, it seems probable that just at the moment of being struck by the horse, Mr. Lloyd had put up his left hand to protect his head, and had then been thrown down, falling heavily on the back of his head.

On admission to the hospital there were no symptoms of collapse, and the general surface of the body was warm; the patient was, however, perfectly insensible, and could not be roused from this condition. A small superficial scalp wound was discovered a little above and to the left of the occipital protuberance, and there was slight bleeding from the left ear. On the following morning (the 18th) I was sent for, and found the patient still unconscious, and incapable of being roused. The bleeding from the ear had ceased shortly after his admission. The scalp, for some distance around the wound, was slightly swollen and shining (the patient was bald), and had a faint bluish tint, evidently from the presence of extravasated blood beneath, and not from surface bruising. A slight bruise was now evident over the right eyebrow, and a more severe one on the back of the left hand. The patient lay indifferently on either side, but had been very restless ever since the accident, and now strongly resisted all attempts to restrain him or to raise his eyelids for the purpose of examining his pupils. He had vomited several times, but no blood could be detected in the ejecta. The pupils were neither dilated nor contracted; the pulse was slow, small, and rather feeble; the breathing quiet. He had passed urine during the night, but the bowels had not acted. He was fed frequently with strong beef-tea, and took it readily. During my examination he made such persevering efforts to get out of bed that I ordered the attendants to cease restraining him, thinking it probable that he wanted to relieve himself. He did so before he was quite out of bed, opened his eyes and looked about him, and then stooped down and put his hand searchingly to the floor, as if seeking for the chamber utensil; one was placed in his hand, which he refused to grasp, but he caught hold of the leg of the bedstead, and pulled with considerable force. As he had already emptied his bladder, and would not sit on the night-stool, he was gently coerced into bed, and made no further attempts to get out again, but lay quietly on his right side, and so remained till his death.

On the following morning (the 19th) he was still unconscious, and moaned slightly from time to time. The breathing was audible, but not stertorous or blowing; the pulse 120, and the skin hot. He voided his urine unconsciously, and his bowels had not acted. There was no paralysis of the limbs or face, and he took his beef-tea well. These symptoms continued without much variation throughout the day; but at ten P.M. a mucous râle came on, and increased till death, at half-past five A.M. of the 20th.

Examination of the head thirty hours after death.—An extensive extravasation of blood infiltrated all the tissues of the scalp between the skin and the bone, and was most abundant in the occipital region. Corresponding with the situation of the principal ecchymosis on the exterior, there was an extravasation of blood between the dura mater and skull, which extended from a little above the occipital protuberance into the left occipital fossa, but not in sufficient amount to cause any depression of the corresponding cerebral hemisphere. On removing the brain, a good deal of dark, semi-coagulated blood escaped from the cavity of the arachnoid, and more was found occupying the anterior and middle fossæ at the base of the skull. The upper and lateral surfaces of the brain presented nothing remarkable beyond venous congestion; but a considerable amount of coagulated blood was spread over the under surface of the left hemisphere, chiefly at the anterior part of the middle lobe, and uniformly over the inferior surface of the anterior lobe; a less amount occupied the corresponding parts of the middle and anterior lobes of the right side. The origin of this blood was from the vessels of the pia mater, ruptured by a bruising and laceration of the brain-substance in the situations occupied by the clots. The arteries at the base of the brain were healthy; no apoplectic clot or any disease of its structure was detectable.

The examination of the skull presented some points of interest, of which the first worthy of note was its thinness; it was decidedly below the average thickness. On stripping off the dura mater, another clot was found between this membrane and the upper surface of the petrous portion of the temporal bone, on removing which the bone was seen to have a worm-eaten appearance, through the punctiform apertures of which, in the absence of any apparent fracture, the blood seemed to have found its way into the tympanum and external auditory passage, from which it flowed on the patient's admission. On removing this portion of bone, however, for a more careful examination, a fracture, which the most careful previous scrutiny had failed to detect, was discovered traversing it. It commenced, or probably terminated, at the inferior margin of the bony ring of the meatus auditorius externus, at that portion which is constituted by the auditory process, and two lines and a half below the inferior bifurcation of the posterior root of the zygoma; thence it passed obliquely forwards and inwards into the Eustachian tube, along the anterior inferior wall of the auditory passage, and then backwards and outwards, in a zigzag form, along the upper and outer surface of the petrous portion of the temporal bone, till it arrived at the squamous part of that bone, where it terminated in one of the meningeal grooves on this surface, a short distance above the zygoma. Thus the tympanic cavity was traversed by the fracture along two of its walls, and was filled with clotted blood, which extended into the Eustachian tube and into the mastoid cells. But the principal fracture started from the point of the occiput which corresponded with the scalp wound, and extended, first, obliquely upwards as far as the centre of the right parietal bone, crossing the superior longitudinal sinus an inch and a half above the internal occipital protuberance; and secondly, very obliquely downwards into the left occipital fossa, and terminated in the jugular fossa. Blood occupied the greater part of the track corresponding with this fracture, and had come from the superior longitudinal sinus, making its way externally beneath the scalp, and internally beneath the dura mater.

Remarks.—In the absence of a clear history of the accident, but from the situation of the scalp wound (a little to the left of the occipital eminence), and from the bruise over the eyebrow and on the back of the hand, I inferred that the patient had been struck by the horse's head on the forehead and hand, which he had probably raised at the moment to protect himself, and had then fallen backwards on the occiput. Assuming the origin of the above injuries to be correctly interpreted, and taking into consideration the symptoms of cerebral irritation—viz., great restlessness and muscular resistance, followed after an interval of fifteen hours by coma and failing vital powers,—I thought it most probable that we should find bruising and laceration of the brain, with its attendant consequence—cerebral hæmorrhage; whilst the bleeding from the ear and the puffy condition of the scalp left little doubt of the existence of a fracture traversing a part of the vault of the skull, and extending into its base through the petrous portion of the temporal bone; and the details of the post-mortem appearances confirmed in most particulars the correctness of the diagnosis.

This case is almost the counterpart of one I had under my care three months ago, and is typical of a large class of analogous injuries, in which a pretty correct diagnosis may be made of the nature and locality of the brain injury, provided we have correct data as to the point of the skull which received the principal blow. The fracture is in nearly every case direct, and starts from the point of the skull struck. The injury to the brain is indirect, or at the opposite point to the blow. This results from the former being fixed and unyielding; whereas the latter is movable, soft, and yielding. When, therefore, a blow is received on any part of the head, the hard and unyielding skull breaks or cracks at the point struck, and the fissure radiates thence into one or other of the fossæ at its

base which correspond with that segment of the vertex which received the blow. The brain, on the contrary, being movable as well as yielding, has a momentum communicated to it towards an opposite point, against which it impinges with more or less force, and is bruised and lacerated by the irregular and unyielding surface of the skull which arrests its movement. The motion which is imparted to the brain by the blow is aptly illustrated by the fashionable game of "croquet," in which your own ball, that you fix with your foot, represents the skull; whilst that of your adversary, which you are about to croquet, is the brain. What *immediately* happens, then, to this organ is seen in the croquet-ball; what *ultimately* ensues is seen in the bullet flattened against the target. And as with the projectile so with the brain: it is not the initial momentum which injures, but its sudden arrest. In both, the effect of the *coup* is harmless; that of the *contre-coup* destructive.

As regards the treatment of this case, with the strong presumptive evidence of brain laceration, skull fracture, and intra-cranial hæmorrhage, and with the entire absence of all suffering on the part of the patient, what indications were there for medical or surgical interference? Absolutely none. The whole treatment resolved itself into ministering to the patient's physical wants, and abstaining from the exhibition of those drugs which routine indeed may prescribe, but which common sense repudiates. Let it not, however, be supposed that I am an advocate for that *laissez-faire* mode of practice which would leave all to nature when aught can be done for the patient by art. On the contrary, I have the greatest confidence in the life-saving power of our art; and by treatment, prompt, active, energetic; only let it be understood that treatment does not always or necessarily imply active interference, but sometimes the reverse. The surgeon who knows *how* to act when action is called for has attained a high standard of professional excellence; but he who knows *when* to act and when to abstain from acting has attained a higher.

Storey's-gate, Westminster, March 29th, 1866.

ON THE

APPLICATION OF THE BACONIAN METHOD TO MEDICINE.

BY J. G. FRENCH, ESQ., F.R.C.S.,

SURGEON TO THE INFIRMARY OF ST. JAMES, WESTMINSTER.

IN a leading article of *The Times*, October 4th, 1865, is the following passage:—"On what general principle is the medical profession agreed? What point can be said to be settled after two thousand years that nothing can be urged to the contrary? Perhaps it will be then found that the study of anatomy and the study of disease have not been conducted so strictly and rigidly on the principles of Bacon as might have been expected; that Nature has rather been observed than interrogated, and that there are hundreds of truths of the most vital consequence to the human race which could be brought to light by a steady application of those methods of investigation which have borne such rich fruits in other departments of science."

Now, this passage from *The Times* is written thirty-three years after the successful application of this very method to the subject of cholera; that is to say, a far more complete explanation of that disease was then afforded than has yet been offered of any other analogous disease whatever.

It may be remembered by some of my surviving friends of that period that I then remarked, "this view of the disease is fifty years in advance of its reception." This foresight I learned from Bacon himself; for while, on the one hand, he declares that his method levels all intellects, and infallibly conveys the mind step by step direct to the goal, which is never reached at all by the most vigorous and active intellect taking a wrong direction; on the other hand, he fully points out the obstacles which lie in wait to obstruct the reception of truth.

These are the false images (Idola) which beset the human mind, and are of four kinds, all of which were arrayed against these views—viz., the Idola Tribus.

" Specus.
" Fori.
" Theatri.*

In order to offer an example of the Baconian teaching, I transcribe the doctrine of a tyro in medicine addressed to the Board of Health of 1832, which was composed of the *élite* of the profession. It may be explained that the scheme aspired to present what may be termed a *telescopic* view of the matter by so arranging the more important phenomena in a series of aphorisms as easily to permit the mind to induce an important conclusion from them. Thus:—

"The alimentary canal becomes subjected to a process which altogether supersedes digestion, and by this process a large quantity of fluid is produced as an excretion, which rapidly diminishes the bulk of the blood. With the mechanism of this production we are at present unacquainted.

"That in some instances this process continues its progress until the death of the patient; but in the large majority of cases, when left to nature, the process in question ceases when it has produced a state of collapse varying in intensity.

"That this state of collapse is remarkable in the phenomenon that the patient himself complains of heat felt throughout the body, while to the by-stander he appears to be perfectly cold.

"That extreme thirst attends this state of collapse.

"That though fluids requiring digestion are rejected by the stomach, and therefore with difficulty find their way into the system,—cold water, which is most grateful to the patient, becomes gradually received and retained.

"That the blood, in consequence of a change in its constituent principles, by which it becomes more viscid, is thereby rendered less easy of circulation.

"That, though the evacuations of the morbid excretion cease, retching continues, which assists mechanically the circulation of the blood, and produces a general relaxation of the system, hence diminishing the obstacles to the circulation of this fluid.

"That when the system becomes replenished with fluid to a certain extent, and the circulation thus acquires a certain degree of energy, the gall-duct, which remained closed during the progress of the disorder, now permits the flow of the bile. The bile, often in a vitiated state, becomes ejected by vomiting (this action still assisting the circulation); a further flow of bile then gradually prepares the alimentary canal for a renewal of its proper functions.

"That, though no specific fever follows the disease, the shock thus given to the system commonly produces the most severe effects in the form of local inflammations and congestions in the various viscera."*

Now what is the induction from this arrangement of the phenomena of the disease?

It is the interpretation of the natural mode of recovery from the collapse of cholera, which, reduced to the simplest mechanical principles, may be thus expressed:—

1st. By absorption of water into the bloodvessels.
2nd. By vomiting.

The drinking of cold water *ad libitum*, although greatly feared and even derided when this was originally written, is now universally adopted in practice.

It is necessary to explain clearly what part "vomiting" plays in the reaction of the collapse of cholera, as unfortunate blunders may arise from a misunderstanding of the matter.

In the whole range of physiological knowledge nothing is better or more universally known and agreed upon than "the circulation of the blood," which, mechanically speaking, is effected by the pumping action of the heart, the action of the left ventricle being the power not only by which distribution of the blood is carried out, but also by which, as supplying the *vis a tergo*, the blood is returned to the right auricle. But how is arrested circulation to recommence? (if there be *no* action of the ventricle—*no* distribution—*no vis a tergo*.) How, if the heart having feebly expelled the last small quantity of blood which reached it, and has therefore become empty, is a further supply to reach the heart at all, in order to a further distribution? By *vomiting*, which, in the most effectual manner acts the part of the *vis a tergo*, for in this action the abdominal wall approaches the spinal column, and thus compresses the abdominal viscera and the vena cava, by doing which blood is carried to the heart: just as, in the hydraulic pump, water is conveyed into the exhausted piston by the pressure of the atmosphere.

The fallacy, chiefly to be guarded against in the reception of this doctrine, is an over-anxiety to bring about this action of vomiting, for the heart, as it is necessarily feeble, can only at uncertain intervals dispose of the blood thus carried to it.

Another fallacy may occur in the supposition that the vomiting may be an eliminative process; but I venture to assert,

* Bacon's Novum Organum.

* Letter to the Central Board of Health, by J. G. French. Rivington, 1832.

that if all the poison be already eliminated, it is still absolutely necessary as a *vis a tergo* until the pulse is re-established.

Nobody believes in the existence of a poison to be eliminated in *sea-sickness:* here, indeed, the malady is *syncope*, a condition commonly induced by the swinging motion of a ship; here, also, the significance of the vomiting is only that of a *vis a tergo*.

As a rule, its occurrence may be relied upon confidently where there is any vital power at all, and its subsidence may be as confidently expected when the pulse has obtained sufficient strength and regularity; indeed, the consummate skill with which all this is done, naturally, is worthy of our most careful study.

The data which furnished this induction commenced on the 8th July, and continued until the 28th August, 1832, when it was published: Nature having been not only observed and interrogated, but interpreted also, in this time. The data were the facts recorded in the journal of the Cholera Hospital of St. James, Westminster, made on the spot and at the time of their occurrence. So that, by Bacon's teaching, as much was learned in two months as Dr. Maclean acquired in a life of experience, as recorded in his lecture published in THE LANCET of the 17th February last.

Much more was, however, acquired by the induction in question. It led up to a knowledge of principles, from which I made a deduction;* and from this I believe as much knowledge of the physiological resources of Nature in the reparation of lesion has been obtained as has yet been derived from the investigation of any other disease whatever.

I cannot but think that the study of Bacon's works, and of his method of interpreting Nature, is too much neglected; and that important results might be obtained by the application of his method to the investigation of the cattle plague.

Great Marlborough-street, March, 1866.

* The Nature of Cholera Investigated. London: Churchill. 1835.

A Mirror

OF THE PRACTICE OF

MEDICINE AND SURGERY

IN THE

HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

ST. GEORGE'S HOSPITAL.

AMPUTATION AT THE HIP-JOINT FOR RECURRENT FIBROID DISEASE OF THE THIGH.

(Under the care of Mr. HOLMES.)

THE cases of amputation to which we refer this week represent an incident which is probably unique in the history of surgery. In two of our metropolitan hospitals, at one and the same time, were three patients in each of whom the most formidable of all amputations—that at the hip-joint—was performed, with a successful result:—

1. Sept. 14th, 1865. St. George's Hospital. A female, aged thirty-six. Recurrent fibroid disease of thigh. Amputation performed by Mr. Holmes.

2. Dec. 7th, 1865. St. George's Hospital. A male, aged fourteen. Disease of hip-joint and pelvis. Amputation performed by Mr. Lee.

3. Dec. 29th, 1865. University College Hospital. A male, aged twenty-seven. Encephaloid tumour of the femur. Amputation performed by Mr. Erichsen.

So full and interesting an account of the last case has already appeared in THE LANCET (March 3rd, 1866) that it will be unnecessary to recapitulate the particulars upon the present occasion. We may, however, point out, as bearing possibly upon the successful result, that in that case, as well as in those which we here record, Lister's tourniquet for the abdominal aorta was found a most efficient means of controlling hæmorrhage.

It will be seen that in both the operations at St. George's Hospital a method of amputation was adopted differing from each other and from that usually employed. The peculiar process was necessitated in each case by the situation of the disease, but so convenient were the methods found that their employment on future occasions may very possibly be repeated with advantage.

The successful result of these three cases is highly encouraging for the performance of the operation where it is indicated on account of disease. It tends to confirm the opinion which combined experience has pronounced, that it is especially under these circumstances that success may fairly be expected. Where injury, especially from gunshot wounds, has necessitated the procedure, the results have not been encouraging. In the article "Amputation," in Cooper's Dictionary of Surgery, we find that of 62 cases in which the operation was performed on account of injury, 47 were fatal—75·8 per cent. Of 40, on the other hand, performed on account of disease, 21 (or 52·5 per cent.) only died.

We are indebted to Mr. Wilson, Mr. Holmes's clinical clerk, for notes of the following case:—

In the autumn of 1864, Anne A——, aged thirty-five, was admitted into St. George's Hospital with a tumour about the size of two oranges on the back and middle part of the left thigh, perfectly movable, and not apparently deeply situated. This was removed without any difficulty by Mr. Tatum. Under the microscope it appeared to be of recurrent fibroid character. She recovered in about six weeks. Three months afterwards she returned, with the swelling much increased in size, more deeply situated, and more firmly attached.

In Mr. Tatum's absence Mr. Holmes made a long incision, and freely divided the fascia lata. The tumour was found lapping round the femur. The sciatic nerve passed through it, but did not seem to be affected. So deeply and extensively was the diseased mass attached that the operator was obliged to desist after removing as much as possible, but not all, of the growth. This operation was followed by sloughing; and, secondary hæmorrhage occurring two or three times, her health became much broken down. Meantime the growth reappeared, and, as a last resource, amputation at the hip-joint was decided upon. Her condition at this time is thus described: "The whole leg is much decreased in size, and she is unable to straighten it. There is a tumour the size of a cocoa-nut in the situation of that previously removed. She suffers much pain along the course of the sciatic nerve, gets no rest, and is evidently sinking."

On Sept. 14th, the patient being well under the influence of chloroform, Lister's tourniquet was applied to the abdominal aorta. Mr. Holmes then cut a long elliptical flap, consisting merely of skin and fat, out of the front of the thigh; divided the muscles and vessels about two inches below Poupart's ligament; cut into the hip-joint, and then brought the knife out directly backwards, so as to take hardly any flap behind. Mr. Holmes adopted this particular method on account of the position of the disease, which had infiltrated the muscles both at the inside of the thigh and nearly up to the buttock. But little blood was lost. Sutures were introduced, but no plaster was applied. The resulting stump was so good, and required so little dressing, that Mr. Holmes said that he should feel much disposed on future occasions to repeat the proceeding. Twice during the evening a quarter of a grain of morphia was injected hypodermically, and some sleep was procured during the night. Support was given by brandy and beef-tea injections every four hours. A good deal of sickness occurred for the first day or two, which was relieved by hydrocyanic acid and bicarbonate of soda.

On the 18th she was able to take some fish.

On the 19th the upper part of the wound was almost healed, and a tolerably healthy discharge of pus was taking place from the lower portion.

During the next few days the ligatures of the smaller vessels dropped off, and on the 30th that attached to the femoral artery came away.

The patient got up on the 2nd October, the stump being then nearly healed.

On October 24th she left the hospital. The stump was then healed, with the exception of a small aperture, which discharged a thin watery fluid.

Examination of the tumour.—There was a large diffused mass closely adherent to the upper two-thirds of the linea aspera of the left femur, and infiltrating all the tissues at the back of the thigh. It extended from close below the great trochanter to the upper border of the popliteal space, and presented on its surface a foul ulcerated mass. In making a section of it,

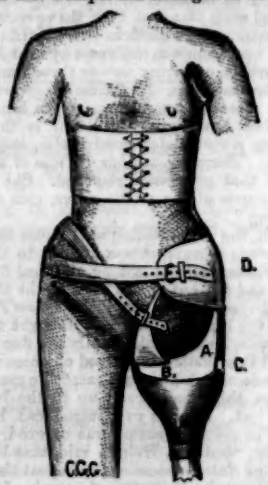
various tissues could scarcely be recognised on account of their conversion into a firm and somewhat yellowish mass, in the centre of which the sciatic nerve could be seen embedded. Microscopically it presented round and oval cells, containing well-marked spindle-shaped nuclei.

Mr. Holmes visited the patient three or four times after she left the hospital, and found her always suffering severe pain in the stump. On careful examination, nothing could be found to account for this, and the uneasiness was supposed to be hysterical; but on the last visit a small piece of ligature was found to have escaped from a sinus in the stump, and after this she lost all pain, and the wound healed.

On Dec. 28th she was readmitted, with a protrusion over the last two or three cervical vertebræ, probably due to the stooping position she had long assumed. She was retained in hospital whilst Mr. Gumpel made for her an artificial limb. A description and illustration of this we subjoin, because we believe this is the first time such a limb has been fitted to a patient after amputation at the hip-joint.

Meantime we regret to have found her health not so satisfactory as could be wished. On the last occasion of seeing her (March 8th), she was lying in bed, with an anxious expression of face, very weak pulse, and complaining a good deal of pains about the belly and back. The wound, however, was quite sound, and there was no appearance of return of the disease (six months since operation), unless a little floating nodule, which felt like an enlarged gland, and occupied the inguinal region, can be so considered.

To adapt an artificial leg to the case in question, the principal point to be considered was the avoidance of any pressure on or near the cicatrix of the operation (A); and besides this, to afford the patient the means of sitting down, without weakening the apparatus for the support of the body in the act of walking. This Mr. Gumpel has managed in an effective manner: first, by suspending, so to say, the body in the frame (B), attached by means of the hip-pad (D) to a lateral upright, and so transferring the principal weight to this upright; secondly, by forming in the latter a simple and well-contrived joint at C, which, when the patient rises to an erect position, locks itself so firmly as to be as strong as if it were made of a solid piece. To reduce the framework, however, in weight, Mr. Gumpel has attached the upper part of the so-called "leg" by a second joint near B, corresponding in its axis to the one in the outer stem at C: this arrangement gives the whole frame great stability, and, as a consequence, confidence to the wearer. The apparatus is suspended over both hips, besides having a strap passing around the pelvis; and extra support is afforded by a crutch fastened to the thorax by means of a lacing band. So soon as the patient has gained a little dexterity in the use of the leg, there is scarcely any doubt that this upper part (above the hip) may be removed, so as to give the wearer greater freedom in walking.



AMPUTATION AT THE HIP-JOINT FOR LONG-STANDING DISEASE OF THE PELVIS AND UPPER PART OF THE FEMUR.

(Under the care of Mr. LEE.)

CHAS. B——, aged fourteen, admitted July 14th, 1865. His mother stated that disease commenced in his hip when he was three years old. The complaint made slow progress at first, and very little attention was paid to it. After a time, however, the pain became very great, and he was then placed under treatment, kept quiet in bed, and a splint applied. He now seemed to recover, and was able to run about, though the joint was stiff, and the limb shorter than the other. Two years ago he had a fresh attack of pain, followed by the formation of abscesses, which have been discharging ever since. Six months ago he was in another hospital, when "an operation was performed." The exact nature of it could not be ascertained.

On admission there was very considerable distortion of the body. The spine was twisted, and likewise the pelvis, so that the thigh of the affected side crossed the other, and the knee rested on the bed external to the sound limb. The extremity was much wasted, and about two inches shorter than the sound one. There were numerous sinuses running in every direction around the hip, and extending into the joint, where exposed bone could be felt. There was very great pain on motion, and considerable swelling, so that the exact position of the head of the bone could not be ascertained. There was fulness in front of the joint, extending up into the iliac fossa. He was of an extremely strumous diathesis. He was ordered cod-liver oil and muriated tincture of iron, with good diet, and a long splint was applied. Under this treatment he at first seemed to improve, and gained flesh, and an attempt was made to get the limb into better position under chloroform. The discharge became less, and he seemed more cheerful. After a time fresh abscesses formed, and the swelling in front of the joint increased, till there was a large abscess in the lower part of the abdomen, extending up to the umbilicus. The long splint was now removed, and extension made by applying a weight to the foot. After a time he seemed to rally; the acute symptoms passed off, but the discharge continued excessive, and he was evidently sinking from its effects.

On Dec. 7th, Lister's abdominal aorta tourniquet having been applied, an exploratory incision was made down the outer side of the joint, and the bone was found so extensively diseased that amputation was performed by a circular incision at the lower extremity of the longitudinal one. The femur below the trochanter was so diseased that during the operation it broke through. The remaining portion of bone was afterwards removed; it appeared to consist of the trochanters and part of the neck, but was so destroyed that this could not be accurately determined. The acetabulum was found to be extensively diseased, and at its bottom to open into a large abscess in the pelvis.

After the operation the stump became extremely sloughy, and there was an immense discharge of broken-down blood clots. In a few days, however, he began to rally; the stump became clean, and healed rapidly. On the fifteenth day he was allowed to sit up, and his recovery was good, only interrupted by the formation of a small abscess in connexion with the stump.

When discharged on Feb. 7th, the wound was all healed, except one small sinus, which was rapidly closing.

ST. BARTHOLOMEW'S HOSPITAL.

SEVERE INJURIES RECEIVED BY A FEMALE LABOURING UNDER ACUTE MANIA BY PRECIPITATING HERSELF FROM A HOUSE-TOP.

(Under the care of Mr. HOLMES COOTE.)

A YOUNG married woman, who had been excited in her mind on former occasions, became wild and suicidal during the first two months of her present pregnancy. Her husband, warned by her usual medical attendant, had all the windows fastened down, and appointed some near relatives never to leave her. Under the impression that some one was pursuing her, she seized an occasion, rushed through a side door, and springing up a ladder to the leads, threw herself into the street. She seems to have fallen on her hands and knees, and was brought to the hospital at once on Monday afternoon, Feb. 12th, 1866.

There was a compound fracture of both ossa femoris and of the right humerus, also a fracture of the left humerus. She was bruised about the body and head, and was in a state of collapse, but yet not insensible. She spoke a little to those whom she knew; but on the Tuesday became sick, and could not retain food. On Wednesday her face was sunken and colourless. She died on the following day.

The limbs were just supported by splints during life, and stimulants were given as she could take them.

ST. THOMAS'S HOSPITAL.

CASE OF DISLOCATION AT THE KNEE-JOINT.

(Under the care of Mr. LE GROS CLARK.)

DISLOCATION of the knee-joint is not a common accident, and the displacement in this instance was not directly lateral. Considering the amount of injury inflicted on the ligaments internal and external to the joint, it is remarkable that these cases of partial dislocation should recover so quickly and well as they frequently do, and as was exemplified in this instance.

T. W——, a farm labourer, aged fifteen, was admitted on July 20th, 1865. A short time before admission he had been thrown down and dragged under a harrow, which passed over his right leg. The limb was much bruised, and the knee was distorted, the head of the tibia being thrown partially behind and to the outer side of the condyloid surface of the femur. The joint was thus expanded obliquely, and the patella projected on its outer side. Extension and inversion of the leg was followed by a restoration of the bones to their normal relation, and the limb was at once placed, slightly flexed, in a Liston splint. Considerable synovitis and effusion followed, and the swelling on the inside of the knee indicated that a portion of the internal vastus muscle must have been ruptured.

This lad remained under treatment until Sept. 20th, being permitted latterly to get about with crutches and a knee support. He left the hospital with a useful limb, though it was still weak, and required the support of a knee-cap.

GREAT NORTHERN HOSPITAL.

TREATMENT OF HIP-JOINT DISEASE BY GUTTA-PERCHA SPLINTS.

(Under the care of Mr. GAY.)

A FEW weeks since we noticed at this hospital a boy suffering from disease about the hip-joint, in whom Mr. Gay adopted a method for securing quietude which seemed very simple and to answer its purpose very well. When the limb had been brought as nearly as possible in a line with the trunk, a large piece of gutta-percha, softened in hot water, was folded over the hip, lower part of abdomen and thigh, lint being introduced to act as padding, and the whole firmly confined by bandaging. When cool, the apparatus formed a firm support, which allowed of no movement of the hip-joint, and yet permitted the patient to move about with a stiff limb on crutches. Before this treatment was adopted the child was constantly in pain, the limb somewhat flexed, and not able to be moved without distress. A week afterwards the child was brought to the hospital. He then walked without uneasiness, but with a slight limp, and bore almost any movement of the joint without appearing to suffer in the slightest degree.

In another case, also, the benefit of this proceeding was well marked. A girl of fourteen years of age was brought to the hospital six months ago with advanced hip-joint disease, without, however, formation of abscess; although Mr. Gay thought it likely that absorption of a portion of the head of the femur had taken place. There was the usual semiflexed and everted position, with intense pain constantly, and especially on movement. The patient being under the influence of chloroform, Mr. Gay drew down the thigh, and placed the limb in a gutta-percha case. All pain ceased. She left the hospital in six weeks, still wearing the splint, and with instructions to move about on one leg and supported by crutches.

On March 17th she again presented herself. The flexion of the thigh was found somewhat limited, but what movement there was took place without any pain. Her health, which had been very bad, was perfectly restored, and she suffered no pain in the part. She walked about with one crutch at times, and often without any. The limb is apparently slightly shortened, and a little everted. With the exception of a limp, slight eversion, and somewhat lessened mobility at the hip-joint, the limb is as well as ever.

Mr. Gay told us that he had now adopted this plan of treatment for several years, and has every reason to feel satisfied with its convenience and excellent results.

CHOLERA. — Quarantine has been established at Fortress Monroe, New Orleans, and all the Texan ports, on account of the presence of cholera in the West Indies and parts of Mexico.

Medical Societies.

ROYAL MEDICAL AND CHIRURGICAL SOCIETY.

TUESDAY, MARCH 13TH, 1866.

DR. ALDERSON, F.R.S., PRESIDENT.

NOTES AND OBSERVATIONS ON FEVER DURING SERVICE ON BOARD H.M. SCREW CORVETTE, "PYLADES," ON THE WEST COAST OF MEXICO IN THE YEAR 1860. (WITH MAP.)

BY JOHN CADDY, M.D., SURGEON, R.N.

(Communicated by Dr. HODGKIN.)

AFTER referring to the previous services of the *Pylades* at Calcutta at the time of the Indian mutiny, and the subsequent beneficial change produced on the crew by the climate of Vancouver's Island in 1859, the author gave a statistical statement of the fever cases on board when on the west coast of Mexico in 1860, and drew inferences as to the greater liability of attack in the ratio of greater age, and of the excess in length of the sickness when treated on the coast to that treated in the ship.

The climates and geographical position of Mazatlan, Panama, La Paz, Guaymas, San Blas, &c., and the comparative lengths of their dry and rainy seasons, were then described. The *Pylades* arrived at Mazatlan in January, 1860, and details were given of the first cases of remittent fever which occurred on board as they entered the Mexican tropics. Numerous cases of continued fever followed after the 21st of February, which were considerably added to by the occurrence of duties which involved much solar exposure, and the constant alternate landing of officers and men for duty on shore at San Blas, up to the beginning of June. The number of cases increased during the short passages between Mazatlan, La Paz, and Guaymas up to the end of September; but from that time the men's health improved as the cool season advanced.

The author then described the general symptoms seen in patients when first attacked, and the usual course of those developed as the fever increased. Only one case proved fatal. Black vomit was of rare occurrence, it being unknown in the fevers at the commercial towns of San Blas, Mazatlan, and Guaymas.

The author, in describing his treatment, which proved most successful, included fresh breathing-air, personal ablution, close cutting of the hair, full supply of cooling drinks (those made with the mineral acids being preferred), pouring of sea-water on the head, mustard sinapisms and chloroform liniments, and the giving of sesquicarbonate of ammonia in conjunction with chlorate of potash early in the fever, the ammonia having been suggested to the author by a previous West Indian experience in 1845–47, and at Calcutta in 1858. With the cessation of active symptoms, quinine and iron usually and speedily concluded the treatment of the cases. The value of the above treatment, the author said, he had been able to confirm by a subsequent ten months' service in the Gulf of Mexico in 1862, and again among the West Indian Islands in 1863 in H.M. screw frigate *Phaeton*.

Details followed of the total number and length of cases of fever in these later expeditions, and a summary of other diseases, which made up the total of 518 cases of sickness on board the *Pylades* in 1860, concluded the paper.

The PRESIDENT said the disease could not have been grave, or the treatment must have been very good, to have resulted in so great success. There had been no autopsy to confirm any opinion as to the type of the fever.

Mr. GASKOIN thought papers on fever sent by surgeons from remote parts of the world were most welcome contributions. He supposed the fever in Dr. Caddy's cases was remittent, as during recovery it assumed an intermittent type, and there were as complications hemicrania and paralysis. It was not clear to what this fever could have been due. Attention had recently been directed to the effect of "coaling" under an ardent sun as a possible cause of fever. Mr. Gaskoin concluded by saying that a few months ago he saw in St. George's Hospital cases of spotted fever treated by ammonia, and that—whether the ammonia was theoretically wrong or not—the patients thus treated did well.

Dr. CADDY said his object was to bring forward the treatment by ammonia as treatment against that by calomel every four hours. The calomel treatment produced hypercatharsis and retching, and these were supposed to be symptoms of the disease. His treatment by ammonia had been suggested by

the valuable researches of Dr. Richardson. He (Dr. Caddy) had observed that cases of tropical fever—the so-called yellow fever being an exaggerated type of tropical fever—terminated sometimes by serous apoplexy. In ammonia a readily absorbable pabulum was supplied to the blood; it stimulated the heart and arteries without exciting the brain.

Dr. HENRY G. WRIGHT asked if the author had noticed any difference in the fevers in different races of men. He (Dr. Wright) had crossed Panama in 1852, whilst the railway was making. There was an hospital for Chinese coolies, who died at an enormous rate. They, however, would not stay in the hospital, but went out into the woods to die. He had asked the doctor (an American) if he had observed any difference in the symptoms when the fever attacked a Chinaman or a native. The only thing was that the Chinese did not suffer from headache, and this might be explained by the fact that a Chinaman always walks about with his head uncovered, unless he can afford the luxury of an umbrella.

Dr. CADDY said he had had no experience of fevers attacking Asiatics.

Dr. WEBSTER said that cases of fever on board ship were milder than cases on shore. This had been remarked in many parts of Europe. He instanced the yellow fever at Lisbon.

Mr. SPENCER WELLS said most naval surgeons would differ from Dr. Webster, as they frequently observed that men newly arrived in places where any disease was epidemic suffered much more severely than the acclimatised inhabitants. Many instances could be referred to where sailors suffered severely from remittent and intermittent fevers soon after arriving in places where the residents were quite unaffected. Then, with regard to the coolies in Panama, rather than accept the American doctor's explanation of the difference in the symptoms of fever being due to the covering or non-covering of the head, he should think the question one of race and climate. When any endemic, epidemic, or contagious disease appeared for the first time in any of the chief varieties of the human race, the mortality was much greater than when it attacked a race of men who had been protected by a previous attack, or had inherited some protection from forefathers who had suffered.

Dr. WRIGHT said the inhabitants of Panama were chiefly emigrants from the United States.

Dr. POLLOCK considered that the author's cases illustrated a form of gastric remittent fever with which he had formerly been familiar when practising at Rome, and which appeared to him to be dependent on malarious influences less powerful than those which determined the more perfect forms of tertian or quotidian. The Roman fever was characterized by great prolongation (many cases lasting from forty to sixty days), by daily exacerbations without distinct remissions, and by marked irritation of the gastro-intestinal mucous membrane, and hence by vomiting, diarrhœa, and a morbidly clean and red glazed tongue. Above all, there was much intolerance of drugs. He (Dr. Pollock) had lost many cases by an over-active and so-called heroic treatment in the early days of his practice, and had, in the latter years of his residence in Italy, often declared to the friends of the patient that he felt bound to abstain from prescribing. Quinine was tolerated only when the gastric irritative symptoms had manifestly subsided, and the type of fever was much less under the control of anti-periodic remedies than the more defined intermittents. The treatment described by the author (ammonia in effervescence with citric acid) did not appear to Dr. Pollock to be identical with that by uncombined ammonia, which possessed directly stimulating properties little likely to meet the requirements of the case.

Dr. CADDY said that at first he gave the ammonia with lime-juice, but afterwards unmixed. He had observed that the acetate of ammonia purged; the citrate agreed well.

New Inventions

IN AID OF THE

PRACTICE OF MEDICINE AND SURGERY.

HIDES' PATENT PLASTIC SPLINT.

GREAT credit is due to Mr. Hides (surgeon) for the invention of this apparatus, as it supplies an elegant and at the same time a most useful desideratum in accidents. It is intended to supersede gutta-percha and wood; it is certainly cleaner, more easily adapted to the limb, and more comfortable to the wearer. It does not require any padding, the splint itself being made of felt and wash-leather. The price is only that of wood, and it can be adapted to any size simply and easily. When dressed with a solution (supplied with the splint) and dried, it forms a firm support, and can be altered from time to time by moistening it with the solution. It has been tried and approved by several surgeons of our metropolitan hospitals.

LOCAL MUSEUMS.

To the Editor of THE LANCET.

SIR,—In your notice of local museums, Wimbledon has received more credit than is its due. The little book entitled "Hints on the Formation of Local Museums," contained a proposition for establishing museums illustrative of the mineral, vegetable, and animal kingdoms in the district within five miles of the parish church, and a hope was expressed that such museums might become general. In the first number of "Local Museum Notes" a definite plan has been suggested for the formation of such museums—a plan which, it may be added, has received the sanction of some of our most distinguished naturalists. Wimbledon is now making arrangements for the commencement of a local museum upon the plan named. One of its features is that collectors will begin to form collections at their own houses, whither contributors will also take specimens, and where the parishioners will examine them. And thus the different classes will be led to visit each other's houses, and the workpeople will go to the homes of the richer people, and the richer people will go to the homes of the workpeople, for other reasons than because the workpeople are stricken with poverty or disease. On certain occasions the museum collectors will exhibit their specimens in a suitable room. This plan, for the commencement of a local museum, is taking root at Wimbledon; poor and rich are offering themselves as collectors of objects. Thus the wife of the incumbent has offered to collect and preserve specimens of ivy found within five miles of the parish church, and also to make a collection of skeletons of leaves; a carpenter takes charge of woods; one of the curates, bark; a gardener, ants; a barrister, bees; one young lady, leaves mired by insects; another, grasses; one youth, birds' eggs; another, nests, &c.; and there appears to be every prospect that our recreation time may be turned to useful, worthy, and pleasurable ends. I quite agree with Professor Owen and the late Professor Forbes that British natural history may be greatly advanced by the aid of purely local museums, but I must confess that the ruling idea in my own mind, when suggesting their formation and in aiding their adoption, is that they will be the means of affording an elevated and unbounded interest to those who take part in them, and that they will bring together the different classes in rational and befitting intercourse.

I am, Sir, yours obediently,

THE EDITOR OF LOCAL MUSEUM HINTS AND NOTES.

Beech Holme, Wimbledon Common, March 27, 1866.

P.S.—I may perhaps be permitted to add that the directions under the head "Vegetable Kingdom" referred to *leaves* only. Each object in each kingdom has some directions for preparation, preservation, &c.

TREATMENT OF CONSTITUTIONAL SYPHILIS BY SUBCUTANEOUS INJECTIONS OF MERCURIAL PREPARATIONS.—Dr. Scarenzio has published a valuable article in the *Annali Univ. di Med.* on the above subject. The author intended first to inject metallic mercury, with the hope of favouring a combination of the metal with the chlorides of the organism. This, however, he soon gave up, and preferred using mercurial salts. Among these he rejected corrosive sublimate as too caustic; as also calomel obtained by precipitation or sublimation, which is so easily transformed into the bichloride. At last Dr. Scarenzio fixed upon calomel obtained by steam, and combined the salt with glycerine. He quotes eight cases in which marked improvement appeared on the eighth day, after which the eventual cure was very rapid. As a drawback, the author mentions a small abscess which formed at the seat of the injection.

THE LANCET.

LONDON: SATURDAY, APRIL 7, 1866.

ONE reason why we have been somewhat long in keeping our promise to devote an article to the Sanitary Section of the "Report of the Army Medical Department for 1863" is, that the section itself is somewhat lengthy and very interesting. The contents of a blue-book have certainly to be interesting to beguile one out of the depressing influence of the fact that he is reading a collection of official reports with a blue paper covering. But we only do justice to this particular volume, or rather to the particular section of it now under consideration, when we say that it abounds in papers of great value and pleasant to read. Some of them seem to us of such importance that they should be printed separately and enticingly, and then freely circulated amongst the officers, and especially the medical officers, of the various places the sanitary condition and history of which are more particularly treated of in the different contributions to this section. It is a difficult matter to make a selection from papers most of which are creditably full of accurate observations and wise suggestions, but we may especially name a Report on the Ventilation of Rooms at Aldershot, by Dr. DE CHAUMONT; a Report on the Royal Victoria Hospital, Netley, by Inspector-General Dr. ANDERSON; an Account of the Recent Epidemic of Yellow Fever at Bermuda, by Deputy Inspector-General BARROW; a Special Report on Shanghai; and the Annual Review of the Progress of Hygiene, by Dr. PARKES, F.R.S. We must again make it clear that we cannot pretend to do justice to the mass of material contained in this section, or to the careful observers whose work it is. It is only due to them to say that the papers are excellent specimens of medical writing. There is a military element in them, an element of accuracy and severity, which, if it takes sometimes from their readableness, adds greatly to one's satisfaction who has succeeded in reading them. We could wish that the same severe style of observation were a little more apparent in the general medical literature of the country. Fewer books would be written, and fewer readers would be found to read the smaller number of books; but more rapid progress would be made in the accumulation of carefully recorded facts which are to be the basis of the future science of Medicine. We have only one fault to find with the military members of our profession whose papers we are commenting upon, and whose ubiquitous experience gives them such a claim upon our attention. It is this: that they do not enlarge our therapeutical resources as one might expect them to do from seeing the diseases of every climate, and this on a large scale and in a systematic way. At any rate they might give us more particulars of their therapeutics than they do. But these are everywhere in abeyance. The cubic space of the barrack accommodation, the surroundings of the same, the peculiarities of the climate, the nature of the diet they have to blame or praise, are all discussed with praiseworthy detail and accuracy; but we are disappointed in the poverty of suggestion and information on therapeutical subjects. We do not know what our brethren of the service are about in their Practice of Physic: whether they have modified their therapeutical creed as civil practitioners have; whether they have got any "wrinkles" from the nations amongst whom by their duties they are thrown. We should willingly learn from them on these points, and shall hope that the Report for 1864 will be a little richer in information on these matters than is the present. There is one answer that may be made now to us: that the Sanitary Section is not the place for therapeutical detail. This is true enough. But there are various papers given in it—as, for example, that on Yellow Fever—in which we would gladly have seen more detail of therapeutical practice, though it were the mere detail of therapeutical failure.

The first paper, on the Ventilation in the permanent Barracks at Aldershot, by Dr. DE CHAUMONT, is very important. The details of it give it a dry and somewhat ostentatious appearance; but it is only by some detail that conclusions on the subject of ventilation are to be established. The general ventilation of the barracks is unhesitatingly condemned.

"The carbonic acid, even in the day-time, and under favourable circumstances, amounts to more than double the amount; whilst at night, when the room has been slept in for some hours, it rises to nearly four times the normal quantity."

Dr. DE CHAUMONT points out that in one room, No. 3, a much more satisfactory result was secured by a method of ventilation, the chief features of which are, a ventilating stove, with air chambers and two wooden extraction shafts.

The Report on the Royal Victoria Hospital, Netley ought to be very interesting, and so it is; but it becomes interesting for the most part when it ceases to speak of Netley. Only a few pages of the Report are occupied with an account of the hospital, and this only applies to the construction and the general surroundings of it. The strictly medical interest of the Report is very little, as no particulars are given of the cases treated, or the nature and results of the treatment. The Report, after a description of the Netley Hospital, becomes discursive, and treats *de omnibus rebus et quibusdam aliis:* such as the nutritive value of hospital diets; general observations on the clothing, rations, and cooking; gymnastic instruction; and other points connected with the sanitary economy of the troops. These are all questions of the highest importance and interest; but we did not expect them just where they occur, but rather a detailed account of the cases. Inspector-General ANDERSON, with some reason, explains the absence of these details by reference to his short experience of the station. The medical and surgical experience of Netley will be looked for with interest by the profession, and let us hope will be given in the next volume. We must not leave this Report without expressing our satisfaction that the question of additional clothing is being considered by the authorities. We remarked in a former article on the prevalence of rheumatism in the army. An additional amount of flannel is to be supplied to the troops.

The Special Report on the Malignant Yellow Fever at Bermuda during the autumn of 1864, by Surgeon-Major BARROW, is very rich in illustrations of all the peculiar features of this terrible disease. It goes to demonstrate that yellow fever originates in Bermuda, though the favourite creed of the natives is that it is always imported. It points out the very

unhealthy condition of St. George's Island, and the wisdom, on the appearance of the fever, of removing the head-quarters, with the commissariat chest and stores, to a camp at Ferry Point. In the epidemic particularly described by the Surgeon-Major there were various opportunities of removing troops, which were unfortunately not taken advantage of. Of thirty officers living in the neighbourhood of St. George's, twenty-nine contracted fever and fourteen died. We are glad to observe that the authorities of the Department have recognised the importance of this paper by publishing it a year in advance. Medical officers of the army do a great service, not only to medical science, but to the much-enduring British soldier, and through him to the British public, by such papers as this, pointing out spots which experience has shown to be deadly, and other spots which may be resorted to in an emergency as refuges.

Shanghai must be a bad place if the picture given of it by Dr. HOME is a true one; and it is evidently true and careful. Besides wet ditches traversing the city, narrow streets, deposits of human excrement in all directions, heaps of decomposing refuse and manure, and a large surface of mud highly impregnated with organic matter, there are two peculiarities especially bad. One is thus described in the Report: "Every here and there large earthenware receptacles containing putrid urine (to be used as manure) solicit contributions from the passers-by." Another is the monstrous practice of placing coffins containing the dead on the surface of instead of beneath the soil, in gardens, fields, commons, or along the side of the road. No wonder that cholera, having once found out Shanghai (in 1838), has never been absent since.

All who can secure the book will be amply repaid by reading Dr. PARKES'S Report on Hygiene. It is most comprehensive and valuable. We regret our inability, from want of space, to analyze the papers on the West Coast of Africa, the Report on Suez, and various Indian Reports. If the general reports of army surgeons resemble those given in this section, then they are highly creditable to the Department. In any case, Dr. LOGAN has made an excellent selection.

THE eloquent address of the President of the College of Physicians, published in our last issue, must have been read with great interest and admiration by all the members of our profession. Re-seated for the fifth time by the common consent of the Fellows of his College in the President's chair, Dr. WATSON took occasion to address his electors with an eloquence truly his own, and in words which touched the hearts as well as pleased the ears of his audience. After affectionately, and with great feeling, alluding to those departed during the past year, the President said a few pregnant words concerning himself, which we cannot pass over in silence since they embody that which we have been urging upon the surgical half of the profession for long.

"I much question," said Dr. Watson—"if you will forgive me for saying so—the wisdom of the College in again re-electing me, and my own wisdom in again accepting such a charge. At that point in the down-hill of life which I have reached, months may tell more disastrously than years might do with men who have not yet begun, or have scarcely begun, the descent.....Five years' occupancy of this chair is, in my opinion, quite as much as is good either for the College or the President himself."

Here we have the leading physician of the day, whose age, though advanced, is by no means extreme, and whose opinion is very highly valued both by his contemporaries and the public, declaring his conviction that he ought not to fill the office after the present year, and that it will be his "plain duty to make way for some younger and abler (?) President." Five years is the limit which Dr. WATSON has set for himself as President, and his example will prove of the greatest service hereafter, when we trust he may still be in the enjoyment of that *otium cum dignitate* to which his past services so fully entitle him.

On the other hand, at Lincoln's-inn there are no fewer than ten septuagenarians forming what we may term the Presidents' Board (for among them alone the presidential honours circulate); and so far from thinking that years are pressing upon them, and that it may be time for them to "make way for younger and abler men," they cling tenaciously to office, and each looks forward to becoming President for the second or even third time after an interval of some ten years. But if Dr. WATSON feels it incumbent upon him to resign a post, the duties of which are not very laborious, what shall be said of the aged surgeons who monopolize, not only the presidential duties, but the much more important office of examining candidates for admission into the medical profession? At the College of Physicians the examination of candidates, both for the Membership and Licence, has been put into the hands of younger men, actual teachers of the subjects upon which they examine, and fully capable of testing the knowledge of a candidate. At the College of Surgeons the examinerships are self-conferred upon men some of whom have never taught the subjects they examine upon, few of whom ever attained more than conventional eminence in their profession, while yet fewer are now in active connexion with professional duties. Is it surprising that, under its present auspices, the College of Surgeons fails to command that position in public and professional estimation which such a corporation ought to occupy?

The authorities of the College of Surgeons, when upbraided with the incompleteness of their curriculum and examination, always shelter themselves under their charters, which they say make no provision for examination in subjects other than anatomy and surgery; but they conveniently forget the example of the College of Physicians, which, after attempting a combination with the College of Surgeons (which was defeated by the short-sighted selfishness of the latter body), obtained a new charter, and now examines its Licentiates not only in the subjects usually grouped under the head of "Medicine," but in "Surgery" also. For this purpose it very properly calls in the aid of distinguished Fellows of the College of Surgeons, men of eminence in their profession, but not sufficiently antiquated to be eligible for seats at their own College board. What is the reason that the College of Surgeons cannot obtain a new charter and call in the assistance of Fellows of the College of Physicians to conduct the more purely medical portion of its examinations, in the same manner that it does already in the case of the Midwifery Licence? It is yet time for the College of Surgeons to make voluntarily, and with a fair grace, the changes to which it must otherwise be compelled, for want of which it now incurs so much odium, and, by the deficiency of its diplomas, reflects so much discredit on the profession. Union with the College of Physicians to confer a general licence in medicine and surgery

would be the greatest step to the completion of medical organization which could possibly be made.

The annual election of members of Council will take place in three months, and we shall hope to see some new members elected who will strive to follow the progressive policy of their brethren of the College of Physicians, instead of the uniformly obstructive measures which have hitherto obtained with the governing body of the College of Surgeons. Should they fail in obtaining a new charter, they might at least prevail in enforcing the provisions of those already existing—viz., the election of President from among non-examiners, the appointment of Examiners from among the Fellows at large, and the *bonâ fide* election of these Examiners every five years, all of which regulations are at present evaded.

THE term of office of Dr. SHARPEY having expired, the question of the appointment of a successor or of his re-appointment has necessarily arisen, and seems to have excited more than usual attention, if we may judge by the communications which we have received and the various opinions expressed on the subject. Dr. SHARPEY is one of the nominees of the Crown; and there are precedents for either of the two courses. For, on the one hand, Dr. CHRISTISON and Dr. STOKES were re-appointed; and on the other, Sir C. HASTINGS, Mr. TEALE, and Mr. LAWRENCE were displaced at the expiration of their term of office. Undoubtedly, the re-appointment of members of the Council after serving five years is a step not always desirable; it is important to have there, as at other boards, an infusion of new blood, and a representation of various interests. But we think that no one will be disposed to question the wisdom of obtaining the continuance of the services of such men as CHRISTISON and STOKES; nor would it have been possible to appoint in their place persons of equal weight and authority. So on the present occasion we do not think that it would be at all easy to find a successor to Dr. SHARPEY who could reconcile us to the loss of his services in the Council. He is distinctly and evidently one of the very ablest, most clear-headed, and public-spirited members of the Board; nor could any more large-minded and just Councillor be found. Advocates of an intelligent renewal of officers in this and every other institution, we should be sorry to see removal established as an arbitrary law, and we have reason to hope that Dr. SHARPEY will remain on the Council, at which he has already acquired a just and beneficial influence. We say this partly in answer to those of our correspondents who take a different view of the question, and to afford an opportunity of coupling with it the expression of an opinion that it will be desirable on a fitting occasion to appoint to the Board a representative of naval medicine. Dr. PARKES, as a representative of military medicine (also a Government nominee), has rendered the most important services to the Council; and if Dr. BRYSON, or some other representative of the requirements of naval medical education, were there, he might be equally useful.

COMMISSION ON THE NEW COLLEGE OF SCIENCE FOR IRELAND.—Dr. Carpenter, F.R.S.; Prof. Hofmann, Ph.D., F.R.S.; Prof. Huxley, F.R.S.; Prof. Jukes, F.R.S., and many other eminent gentlemen, have consented to act on this commission.

Medical Annotations.

"Ne quid nimis."

HOSPITAL NURSING

THERE are four metropolitan hospitals in which the system of lady-nursing has now been tried sufficiently long to enable a just estimate to be formed of its merits. From the experience of King's College, University College, St. Thomas's, and the Great Northern Hospitals, it is found that the plan is attended with the greatest benefit, and with none of those evils which many at first feared from its introduction. In one respect especially various forebodings have not been realized. There is no interference with the religious convictions of the patients. Nothing like proselytism is attempted. The medical authorities of these institutions freely express their satisfaction with a system which gives them all the advantage which education, intelligence, and refinement can bring to bear upon a task peculiarly demanding such influences.

Efforts are now being made to introduce this system into other hospitals. A committee, consisting partly of lay and partly of medical members, has lately recommended unanimously to the Weekly Board of St. George's that two wards should be given up to the Sisters of St. Peter's Home, Brompton, with a view of testing the working of the system. A special court of the governors will be shortly called to consider this measure, and there seems no reason to doubt that it will meet with approval.

At Charing-cross Hospital arrangements have been concluded by which, in the course of the present month, the nursing will be confided to the care of the ladies of St. John's House.

Miss Louisa Twining has offered to take the superintendence of the nursing at the Middlesex Hospital, and to introduce a staff of lady sisters and nurses. Nearly all the medical staff are strongly in favour of accepting this offer, but they have not yet received the necessary sanction from the Weekly Board to carry it into effect. The question is to come before the next quarterly meeting. We are surprised to hear it rumoured that the Weekly Board is disinclined to adopt the system. If this be the case it must surely arise from a want of sufficient consideration of the subject. A liberal offer is made by which, with a distinct saving in expense, a plan of nursing which has stood the test of several years' experience is proposed to be carried out in the hospital. At present, when extra nurses are required, these are sought wherever they can be procured, with a result which often gives them most inefficient agents. Under the proposed system good nurses are immediately forthcoming for any emergency. It needs but a visit to the various hospitals where the system is pursued to notice its advantages in the superior order, cleanliness, and general management which prevail. Surely the Weekly Board will not hesitate about accepting an offer which must be attended with the greatest benefit to the patients for whose welfare they are responsible. If there were no other reason for urging the measure, it would still remain a question whether, as managers of a public charity dependent upon voluntary subscriptions, they are justified in refusing an offer which will save expense, whilst supplying the hospital with an infinitely more efficient staff than at present can be procured.

MEDICAL PROMOTION IN THE GUARDS.

A VERY gross injustice is threatened to the medical officers of certain regiments of the Guards, which is of the greater importance just now that the profession is anxiously regarding the attitude of the military authorities towards the officers of

the Army Medical Department, desiring to know whether they are disposed to treat them with liberality and justice, or whether the period of misrule, parsimony, and favouritism is to be perpetuated. It must be remembered that the recommendations of the Committee on the Pay and Position of the Officers of the Public Services have not yet been granted; that a very evasive answer was given by Lord Hartington to a question which was put by Colonel North as to the intentions of the Government in dealing with the report of the Committee. In the present instance it will be seen that a gross act of injustice is contemplated, which will involve a serious injury to some of the most deserving medical officers of the army. At the outbreak of the Crimean war a sort of general search was made through the hospitals of London to find volunteers for assistant-surgeoncies in the Guards. It was considered, and justly considered, that men who had held the office of house-surgeons in the metropolitan hospitals were particularly desirable by their standing and experience, and Mr. Guthrie and others took considerable pains to obtain such candidates. Promotion in the Guards has always been regimental, and this was very distinctly explained to the candidates, and proved one of the inducements to sacrifice specially favourable openings to civil practice which existed in certain cases. The Commander-in-Chief has recently, however, signified his intention to fill an appointment of battalion surgeon in the Guards by brigade promotion. The immediate effect of introducing such a system will be to inflict a serious injury upon the surgeons who entered many years since under the regimental system, and who may now probably be prevented from ever reaching those higher grades which they would otherwise have attained in course of service. There is only one reason for such an appointment. The gentleman to be advanced has an indirect claim on the friendship of the Duke. The appointment is one of those pieces of favouritism which have more than once discredited the acts of the present Commander-in-Chief, and, if effected, it would do more than anything else at this juncture to alienate and disgust the civil profession, and to injure the best interests of the army.

OUR SAILORS AND THE INCREASE OF SCURVY.

THERE seems little reason to doubt that a serious amount of scurvy exists in the mercantile navy, and that this amount has a tendency rather to increase than diminish. The account given by Mr. Leach, the resident medical officer of the *Dreadnought*, the hospital which receives the largest number of scurvy cases, shows a steady gradual rise in the number admitted. Thus, in the last quarter of this year there were 39 cases, while in the corresponding quarter of the last three years there were 22, 20, and 15 respectively. Provincial reports of the disease are equally unsatisfactory. One ship arrived lately at Bristol with a crew of 22, and 11 cases of scurvy. Another at Hull with a crew of 28, and 12 cases of scurvy. North country ships have a discreditable reputation for scurvy as compared with London ships.

In these days of commissions and inquiries we may hope that we shall soon have a special investigation into the hygienic conditions of the British sailor, which are a disgrace to a nation that owes so much to its navy as the English nation does. We all profess the utmost admiration for and interest in our sailors, and yet it would probably turn out on inquiry that they are worse treated than any other class of men who do such valuable service to the country. We do not intend to excuse the sailor himself for much that is unsatisfactory in his condition. If he is generous and brave and hardy—virtues for which he has long had a reputation—he is often reckless, improvident, and takes terrible liberties with his system. He is very like a perpetual big boy or young man living under the disadvantages of being from home, and is wayward and foolish. Of course, there is an explanation and some extenuation in the circumstances of the sailor of these defects in his character. But before any amelioration in his condition is possible he must admit the importance of his own efforts after more providence, more cleanliness, and more chastity than he has generally been credited with. But allowing this, it remains true that the sailor is badly treated. His house—that is to say, the forecastle of a ship—defies all sanitary science and all decency. Light and air and cubic space are all conspicuous by their absence. Men cannot stand upright, or see each other. To expect men to go on living in forecastles and come to the amenities of society is to expect grapes of thorns and figs of thistles. Gentlemen do not house their dogs with such a disregard of health, comfort, and decency as is shown in the housing on board ship of English sailors. The question of scurvy cannot be viewed apart from the general condition of the sailor. Ask the most sensible captains, who do successfully keep scurvy at bay, and it will appear that their success depends, not only upon having lime-juice on board, but on their moral influence over the men, by which they induce them to take the lime-juice. For this would seem to be often a difficulty. Men frequently will not take the lime-juice, or use only a portion of the prescribed quantity; and the moral influence of the captain is due to his humanity and by making the men as comfortable as the conditions of the sea-going life will permit.

It would be medically interesting to have in some detail the previous history of men who become affected with scurvy—the "trades" they have been in, the particular voyages they have gone, the diseases they have had, the hospitals they have been in, and, as far as can be gathered, the treatment to which they have been subjected, with, of course, all possible details of the peculiar conditions under which the scurvy itself appeared. On the side of the shipowner there is a disposition to blame the sailor alone for all his misfortunes, and to represent scurvy as often originating in the depressing circumstances, physical and moral, occasioned by the sailor's vices and improvidence.

There is wanted a thorough investigation of the question, and if legislators were not so engrossed with party squabbles and politics it would soon be forthcoming. Meantime Mr. Leach and others, who are in the way of seeing much scurvy, might enlighten us as to the former history of a few typical cases of the disease. We should thus be the better able to hold the balance evenly between the sailor and the shipowner as to the production of this clearly preventable disease.

THE BRIGHTON REVIEW.

FOR the fifth time the Volunteers have assembled on the Brighton Downs to show, by the zeal and energy with which they take part in a review and sham fight, that fatigue and inconvenience are unheeded by them in the pursuit of their noble calling. Although the ground upon which the movements took place on Monday last was less extensive than that chosen for the manœuvres last year, yet, owing to the constant changes of position and the total absence of rest, the day was on the whole a more arduous one than any on which they have been hitherto engaged. And we would here urge, as we have done on some previous occasions, that the men were frequently subjected to unnecessary fatigue. It is not likely that the Volunteers themselves will complain of this. From what we have observed of these troops, we feel confident that they will submit without a murmur to fatigue which would be sufficient in the regular army to cover the ground with exhausted soldiers. At the same time it is not fair that this uncomplaining submission should be misunderstood. In the majority of cases the men had left their beds long before daybreak on Monday, and only regained them towards the small hours on Tuesday, having in the mean time been exposed to an amount of muscular exertion and inclement weather which must now be telling severely upon those who are not of very robust phy-

sique. It is our part, as representing the medical advisers of the Volunteer army, to protest against that useless marching up very steep downs only to retrace their steps to the very same position, which appeared to us unusually prevalent on Monday last. A little care, or a little more knowledge of their duties, on the part of commanding officers, would be sufficient to render such unnecessary movements less common. With Volunteer troops, no less than with the regular service, it should be the aim of those in command to spare their men to the very utmost, so as to bring them into the fight in the freshest possible condition. We saw several men at Brighton so completely exhausted with the constant marching that they were content to lie down at full length upon the turf, exposed to pitiless rain and hail, from sheer inability to continue their exertions. With these exceptions, the review of Monday was marked by few casualties, and those not of severe character.

The arrangements for receiving any wounded into hospital were of a very compendious description. Field hospitals were established at the Grand Stand, at Lower Bevendean, and at the Warren Farm Industrial School, under the medical charge of Surgeon Burrows, 1st Administrative Brigade, Sussex Artillery Volunteers. An ambulance waggon was attached to each division of infantry for the conveyance of any person who required to be taken to the hospitals during the review. Happily the work which devolved upon them was very light. It is at least satisfactory to find that the arrangements made by Volunteer medical officers were ample, and indeed, as the event chanced, superfluously so, for the accidents which occurred. Had any serious casualties happened, there is no doubt that under the zealous care of Surgeon Burrows and the surgeons who assisted him every aid which skill and experience could dictate would have been at the command of the sufferers.

VACCINATION STATIONS.

MR. F. SMITH GARLICK, the well-known surgeon of Halifax, whose name is honourably associated with many reforms in the interest of the public and the profession, has forwarded us an important correspondence on the above subject. With the praiseworthy view of efficiently carrying out vaccination in Halifax, the surgeons of that union have held a meeting. The following resolution, signed by every medical officer, was forwarded to the Board of Guardians:—

"The medical officers are of opinion that 'vaccination stations' should be provided in their several districts at which they can attend; that the same should be publicly and periodically announced, in order duly to carry out the benefits of vaccination. It would, further, be a great boon to the public if a board were placed outside every station, giving the days and time of attendance, together with the name of the public vaccinator. Much time, trouble, inconvenience, and misunderstanding would thereby be averted, and the vaccination of children would be more thoroughly carried out. To accomplish this would not cost much; moreover, it would afford to the people that patent information which is necessary, and would simplify and systematize the process of vaccination."

After some further correspondence between Mr. Garlick and the Clerk to the Guardians, Mr. Barstow, the Guardians stated through their officer that they were willing to provide the notice boards mentioned in the resolution, but that they could not accede to the requirement that the rent of the vaccination stations should be paid by them. Upon the receipt of this information, Mr. Garlick very properly addressed the Poor-law Board, and inquired whether the Guardians were not obliged, under the provisions of the Vaccination Act, to furnish and pay the rent of stations necessary for the effectual practice of vaccination by public vaccinators. Lord Enfield, the secretary of the Poor-law Board, thus settles the question, in a letter to the Halifax Board of Guardians:—

"I am directed by the Board to point out that, in accordance with the contracts for vaccination which the Guardians have entered into, and with the terms of the general order issued by the Board on the 30th November, 1853, the Guardians are required, where it shall be necessary, to provide fit and proper rooms for vaccination and inspection. It follows, therefore, that where the Guardians find it necessary to provide such rooms, the charge thereof must be borne by them."

The thanks of Poor-law surgeons throughout the kingdom are justly due to Mr. Garlick for his spirited conduct in this matter.

DEATH IN THE BAKEHOUSE.

A RECENT inquest held before Mr. W. Payne, the City Coroner, again directs attention to the lamentable circumstances under which the trade of the baker is too often carried out. A journeyman, aged fifty-four years, died suddenly in a bakehouse. It was stated in evidence that his hours of work were from five o'clock P.M. one day to two o'clock P.M. the next day. He would then lie down in his clothes for three hours and then resume work again. This had been the unfortunate man's regular course of labour for six weeks, and for three weeks before his death he had never had his clothes off. At seven P.M., according to the master's statement, it was the journeyman's duty to make the "sponge;" at eleven P.M. he made the dough. He would next attend to "odd jobs," making preparations for heating the oven, and so forth. He had next to heat the oven, and at half-past three A.M. he would "throw the dough out." Afterwards he had to set the dough in the oven to make the bread. This part of his duty would be completed about eight or nine A.M., when he would breakfast, and afterwards take out the bread to the customers. At two P.M. he "generally knocked off" work. It will thus be seen that the man was expected to be on duty twenty-one hours out of the twenty-four. The master stated that he would obtain three hours' additional rest in the bakehouse in an interval of his night labour, but the evidence on this point was not altogether clear.

The journeyman had complained from time to time of dizziness and pain in the head, and he died suddenly from apoplexy before medical aid could be rendered to him. At a post-mortem examination long-standing disease of the arteries of the brain was found.

The system of labour brought again to light by this inquest is as painful as revolting. It is to be feared that while the Act of 1863 for the regulation of bakehouses has protected young people under the age of eighteen from nightwork, and limited the hours during which they may be employed, neither nightwork nor excessive labour has thereby been abolished, or even largely diminished in bakehouses. The case investigated by Mr. Payne indicates the need of a further inquiry into the circumstances under which work is performed in London bakehouses.

INFANTICIDE.

DR. LANKESTER does rightly to remind us from time to time of the increase of infanticide. The numbers which represent the amount of this crime in Dr. Lankester's district in the last three years respectively are—84, 100, and 114. The victims of it are mostly, he thinks, the illegitimate children of domestic servants. We may be able to do very little to stop the progress of this most discreditable crime. But we had better know the worst of the extent to which it is being committed. If infant life is to fall in value, and the criminal destruction of it to be regarded as less criminal, we had better have these points clearly understood. We have done our share in pointing out the radical evils in society, of which infanticide is a mere surface symptom. We confess to expecting little help from legislation in the removal of these evils. The adjustment of the proportion of the sexes by freer emigration of women and the encouragement and facilitation of marriage by simple modes of living, are social and moral remedies which a free community must apply for itself. We want a few prominent people to live simply who have the means to live otherwise.

THE CATTLE PLAGUE.

THE cattle-plague returns show a still more marked decrease this week, the number of new cases being 4704 against 6261 the previous week. Thirty-nine inspectors who reported the week before did not report last week in time for the return, and their cases amounted collectively to 1215. There is hope that, either by the sole influence of those restrictive measures which have been tardily enforced, or by the action of that epidemic law of rise and fall which Dr. Farr has deduced from statistical observation and curiously illustrated by a prophetic diagram which has been singularly verified, and which has the distinguished support of Dr. Alderson, the President of the Royal Medical and Chirurgical Society, we may soon see the plague dying out from amongst the herds. But then comes the important question as to the reintroduction of the disease by foreign cattle, its first causers, to this country. To prevent this is the pressing duty of the moment, and we are glad to learn that an active impulse has been given to the construction of *abattoirs* at the ports of debarkation. The necessity for this was pointed out by the Cattle Plague Commissioners in their able report, which was so much scorned and has now come to such honour. We must have foreign meat; and the sooner we can get great *abattoirs*, cattle-lairs, and quarantine-sheds constructed at the ports, the sooner we shall be safe from the present danger and relieved from the present difficulty.

STREET ACCIDENTS.

FROM a return just issued, it appears that during the year 1865 the number of persons that were run over and killed in the streets in the city of London and the metropolitan police district amounted to 140. In 124 of these cases the horses were being driven, and in 16 only were being led. A total of 1707 non-fatal accidents is reported for the year, and of these all but 60 occurred in cases where the horses were being driven. In the two months of this year, up to the end of February, 23 fatal street accidents were reported, of which all but 3 were caused by horses being driven, and not led. The non-fatal accidents in the same period were 231, and only 13 of these happened in cases where the horses were led. From an analysis of a number of these cases, we are led to conclude that a very large proportion indeed of these accidents happen to persons over fifty years of age, and to children. The four cases reported in this week's return of the Registrar-General are all of the first class, and a great number of them occur in quiet streets and squares. The solution of the difficult question how to avoid them is, we fear, unattainable. Bridges over the crossings would not be used, and police regulations are futile. We can only record the sad fact, and express the hope that, by increased severity in investigating and punishing wilful carelessness of drivers, the whole class of coachmen—who all offend alike—will be made more painfully sensible of their duties and responsibilities.

THE BANEFUL EFFECTS OF NICOTINE PREVENTED.—M. Melsens has found that tobaccos, from various countries, contain nicotine in very different proportions. In tobacco from some parts of France (e.g., the department of the Lot) there is 7·96 per cent. of nicotine; whilst Havannah tobacco contains only 2 per cent. He proposes to smokers a way of preserving them from the effects of the alkaloid, and advises them to put into the tube of the pipe or cigar-holder a little ball of cotton, impregnated with citric and tannic acids. As the smoke passes through the cotton, it will deposit the nicotine therein, in the shape of tannate and citrate. M. Melsens has made very ingenious experiments, which go a very great way to prove that he is perfectly correct.

STATISTICS OF THE CATTLE PLAGUE.—The returns issued the other day from the Veterinary Department of the Privy Council Office show that 209,022 beasts were attacked in England, Scotland, and Wales; 44,305 were killed, 121,369 died, 29,286 recovered, while 14,062 remain unaccounted for.

The Lancet Sanitary Commission

FOR

INVESTIGATING THE STATE

OF THE

INFIRMARIES OF WORKHOUSES.

REPORTS OF THE COMMISSIONERS.

METROPOLITAN INFIRMARIES.

No. XII.

ST. MARGARET'S AND ST. JOHN'S, WESTMINSTER.

(FIRST NOTICE.)

THE Vestry of St. Margaret and St. John, Westminster, is a peculiarly close corporation; it possesses a Local Act, which allows it to snap its fingers at the Poor-law Board (a congenial privilege of which it freely avails itself); and it elects the board of "governors of the poor" from its own number. The board sits at the Petty France workhouse, but detaches a committee of eighteen to manage the Kensington house.

The conduct of the board, in its official capacity, is so remarkable that we have been at the pains of analysing its composition with the view of discovering whether there were any considerable infusion of those "gentlemen guardians" who have been lately mentioned as the real salvation of the Poor Law system wherever they can get elected. Well, we find that there are ten "esquires" and five clergymen among the fifty-seven guardians of Westminster. But we also find that many of these individuals take very little active part in the working of the board, and that in fact the real power of management becomes vested in individuals whom the "Post-office Directory" classes as "Butcher," "Pawnbroker," "Cheesemonger," "News-agent," "Grocer," "Baker," "Potato-Salesman," "Publican," and so on. The vice-chairman is a pawnbroker.

The origin of the two workhouses which belong to the parishes is as follows. Some twelve years ago the only house was a miserably gloomy and dilapidated pile of buildings which stood on the site of the present Victoria-street. The Government of the day—anxious at once to benefit the poor and to get rid of a hideous eyesore in an important thoroughfare—gave the parishes a noble site for a workhouse at Kensington, and enabled them to erect, at a very large expense (not one farthing of which was defrayed from the rates), the building which stands in that situation. At the same time it became obvious that the needs of the parish required that a more centrally-situated house should be established for the use of the sick and of temporary inmates, and accordingly the house in York-street, Petty France, was built, which, after standing only these few years, is condemned as thoroughly unfit for its purposes, and is to be pulled down. At this place the general board holds its weekly meetings.

The days of the present St. Margaret and St. John's workhouses have been few, but eventful. Early in 1861 a scandal was brought to light at the Kensington house (chiefly through the disinterested and self-sacrificing labours of Mr. Robert Baxter and some other influential ratepayers), which necessitated a Poor-law inquiry, when a state of disorganization was disclosed which seems barely credible when one reads the records of it in the files of newspapers of that date. The solicitor, the matron, and the surgeon were all near relations of each other. Acts of dishonesty and immorality on the part of more than one of the chief officials were distinctly proved, and it was pretty certain that the crime of *poisoning* had been attempted by some one of the officers. The surgeon and the matron were peremptorily dismissed by the Poor-law Board, under circumstances of great ignominy. The then chairman of the committee for the Kensington house resigned his office, some damaging evidence having been produced against him. It

was plainly shown, as anyone may see who cares to read over the documents, that no efficient supervision of the Kensington house existed.

It might be supposed that occurrences so shocking would have led to an immediate reform, not merely as regards the dismissal of the culpable officers, but in the whole system of management. Nothing of the kind has taken place; the machinery of supervision is as defective as ever. The Kensington house is still governed by a committee, which meets at that house only once a month (and then scarcely ever stirs outside the walls of the board-room), and inspected by a rota of visiting governors, one of whom is supposed to visit the whole house in each week; but, in fact, this duty is performed most irregularly. We understand that several weeks sometimes elapse in succession without a single visit from any of the persons appointed to this duty. And in particular, the very important duty of quarterly inspections of the lunatics (strictly prescribed by the rules) seems to be greatly neglected. But there is a much graver fact to be noted, as indicating the tone of public morality which characterizes the management—viz., that the very medical officer who was displaced in 1861, under the disgraceful circumstances above indicated, is still employed by the board to sign certificates for the removal of lunatic patients.

We proceed now to describe the condition of the Kensington infirmary of the Westminster parishes. The workhouse was built as an hospital for the infirm and aged, and but slender provision was made for the class of acutely sick, the infirmary being designed for forty-six beds (ten of these for lying-in cases, of which there are very few, the lying-in ward being at the other house). The infirmary stands well apart from the body of the house, in the spacious grounds, and has airing-yards attached to it for men and women respectively. It is two-storied, except in the centre, where there is an additional story; it is built of brick, in substantial style, and is fireproof. It was *designed* to accommodate forty-six persons, and each ward, on that computation, was to possess an adjoining day-room; but the overcrowding, which has now become habitual, has turned the day-rooms into sick wards, and at present, in consequence of this, the patients enjoy but from five to six hundred cubic feet of space each. The construction of the wards is good, except that they want loftiness; they have a double row of windows; but there is one extraordinary omission—namely, there appears to be no provision for subsidiary ventilation, save in a few instances. It would appear that the builder, *having had no orders to construct any ventilating apparatus whatever*, has nevertheless, for his conscience' sake, put in a concealed system of shafts, which from time to time are discovered and utilised. In order, as it would almost seem, to render the windows as useless as possible, not one of them opens at the bottom, and even the upper sash will only with difficulty descend a little way; and, besides this, the board, in its wisdom, has decreed that as much light as possible shall be blocked out by frosting the panes. One ward on the ground-floor has this additional feature of attractiveness: the window is blocked up on the outside by a huge stone-heap, upon which the "able-bodied" and "casuals" exercise their industrial talents for a good many hours every day. The noise must be highly agreeable to the patients, most of whom are suffering from acute diseases! This is really almost an improvement on the carpet-beating at the Strand Union.

Besides the infirmary proper, which in its present overcrowded condition contains about seventy patients, there are nine large infirm wards in the body of the house, containing more than one hundred additional persons, a large number of whom are severely sick: in fact, the most laborious portion of the medical officer's duty is often comprised in the attendance on these wards. The cubic space in these wards does not average more than 500 feet per bed, but they enjoy the advantage of day-rooms adjoining, each of which contains about 3000 cubic feet, and in which those who are not bedridden take their meals, &c. The furniture of both sick and infirm wards is fairly good, and great efforts have been made by the officers of the house to give a cheerful look to these apartments: thus whitewash has been discarded for colour in several wards; and a large number of pictures have lately been hung up. Not that these improvements originated with the board; the pictures, we understand, were purchased by private subscription.

The waterclosets in the infirmary are well situated and unobjectionable. Some of those in the infirm department are very much the reverse, and we may refer to that of No. 51 ward as a typical instance of badness. It is placed inside the ward in such a way that its effluvium must often invade the apartment; besides this, we discovered that it was left in a very foul condition, from want of proper supervision and care: in fact, it forms just such a nuisance as one might expect would originate typhoid fever in hot autumn weather. While upon this topic we must mention that the nursery—a very important establishment, containing a large number of children—is not furnished with any watercloset at all. On inquiry, we find that some sort of order for the construction of one was given as long as twelve months since, but it does not seem as if any active steps whatever had been taken to carry it out.

The nursing department is superintended by one paid nurse, a very excellent officer, who receives a salary of not more than £20 a year. Till lately there was also an assistant-nurse; but we find that this officer was transferred in January to the Petty France house, and that no attempt has been made to fill up the vacancy. Yet the guardians have had startling proofs of the importance of paid nursing; for the twelve months which have elapsed since they first appointed a paid nurse have witnessed a most remarkable diminution in the mortality as reckoned against the previous twelve years during which the house has been in existence. The number of inmates has been steadily increasing, and especially the number of the sick; and not less than a dozen paid and trained nurses ought to be appointed. The entire absence of any regular provision for night-nursing produces its usual ill-effects; and were it not for the spontaneous exertions of the paid nurse, who will often sit up at night with a case in the infirmary, the misery of the patients would be greater. The atrocious practice of *locking up the patients at night* prevails in the whole of the infirm wards; there are no fires and no hot water; and the poor creatures lie there without any nurse to help them in their bitterest need, unless they can succeed in rousing a pauper nurse who sleeps in the next room. (N.B. There are no bells.) There is no doubt that shocking events have taken place; but no inquest was held, even in the case of a man who died some time ago *after a fall in the night* in No. 51 ward.

The surgeon, Dr. Dudfield, is an excellent and conscientious officer, and it is really to his exertions, together with those of the master, and especially of the chaplain, that the house owes everything which gives it an approach to efficiency of management. Dr. Dudfield spends many hours every day in the wards; he visits every part of them, and minutely supervises the arrangements in every particular. It must be a thankless office: the remuneration for attendance on the 170 sick persons already mentioned, the dispensing of all their medicines, and the attendance on the out-door parish district of Knightsbridge, amounts to £160 a year, out of which all drugs, except cod-liver oil, sarsaparilla, and quinine, are to be found by the doctor. But the hardest and most disagreeable feature of the medical officer's position must consist in the fact that he is the servant of a perfectly anarchical government. The visiting committee, and the visiting governors, may be briefly said to know scarcely anything about the condition of the infirmary, which it is their undoubted duty to keep under constant supervision; nevertheless, they do appear to have occasionally shown some disposition to listen to the voice of reason, and to adopt

such measures as would be really most beneficial to the sick. But the general board, at Westminster, seems to take a special delight in reversing any decisions in which the Kensington committee may have exhibited leanings to the side of reform. It would be an injustice to charge the general board with such sentimental weaknesses as the purchase of pictures for the wards; and, in fact, we find that this never would have been done but [for [the perverse activity of the chaplain, who raised a subscription for the purpose, in which he was aided and abetted by] the other resident officers, and by some other troublesome charitable people. And the far more necessary (indeed indispensable) diet and prescription cards, which we were glad to see at the head of each bed, prove to have been *supplied by the medical officer at his own expense*, after he had wearied himself in fruitless applications to the authorities.

Nowhere in the course of our peregrinations among the workhouse infirmaries have we realised more fully what is the labour entailed on a medical officer who conscientiously performs his duty, and who has to dispense medicines for a number of patients in addition to visiting the wards. No hospital could be better served as regards the quality of the medicine given to the patients, and the regularity with which it is administered to them—*at any rate in the day-time* while the doctor is about. But this is obviously done at the cost of most exhausting labours, and *could* only be done by one who has the leisure and the physical vigour of young manhood. It is quite plain that the whole weight of the responsibility of the management of the house and all its inmates rests upon three individuals: the master, the chaplain, and especially the surgeon. It is the circumstance that these officials are unusually earnest and energetic, which makes the establishment, in spite of some gross faults, decently presentable. To show the lack of administrative vigour which the committee display, it may be mentioned that we accidentally discovered that the gate porter has been invalided for the last four months, and that his duty gets done how it can—by his wife, or by the help of an occasional pauper. The schoolmistress also is, and has long been, in such weak health as to be quite unfit for her duties, yet no one seems to interfere.

But if the evils of an *imperium in imperio* are plainly shown in the absence of any efficient direct management of the Kensington house by the board, they are quite as strikingly displayed in the manner in which the transfer of inmates from one house to the other takes place. As we have already said, the Kensington house was never intended originally for sick inmates. But the Petty France house has been found so entirely unfit for the management of severe cases of disease that, in fact, it frequently happens that patients who are seriously ill are transferred from it to the Kensington house. Careful inquiry from more than one authentic source convinces us that great cruelty has frequently been shown to these poor sick creatures in the manner of their removal. We understand that not long since an aged sick woman of ninety-three years was put into a common van along with nearly twenty other persons, and jolted across to Kensington, where she arrived nearly dead from exhaustion. We do not know how far the surgeon of the Petty France house is responsible for the condition of patients who leave it, but we can hardly understand how he can have permitted this or several other occurrences to take place. He is a gentleman who has grown grey in the honourable performance of his professional duties, and has won the respect and, we believe, the affection of a very large circle of patients and professional friends; and we have every desire to speak of him with respect. Other cases have come to our ears, from independent sources, which force us to believe that many of the patients at the Petty France house receive very little treatment, and that, on becoming too troublesome, they are shifted without much ceremony.

The treatment which the casual poor receive at the hands of the Westminster Board of Guardians and their Kensington Committee is too flagrant an abuse to be entirely passed over here, although it is not strictly a part of our inquiry. We understand that till quite lately there was no casual ward at Westminster at all; and even at the present time the great majority of these people, however weary and foot-sore they may be, are compelled to tramp three long miles to the Kensington house after they get their order for relief. It will hardly be believed, but it is a fact, that until quite lately the board allowed these poor exhausted wanderers *no supper at all*, and merely four ounces of bread for breakfast. The arrangements for housing the casuals at Kensington are disgraceful. They are placed in wards of the body of the house, and *ordinary* inmates are often obliged to sleep *in the oakum-shed*. The casuals are not supplied with any closet-commode, but merely a tub, for the purposes of decency; the sewage is carried out and emptied in a closet outside ward No. 51, while the inmates of the latter ward use the highly improper and dangerous inside closet of which we have already spoken. There can be no manner of excuse for the guardians that they do not build, on their extensive grounds, a thoroughly proper set of casual wards, with every convenience for decency which their case requires. The oakum-shed to which reference has been made allows only *seventy-five cubic feet to each sleeper when it is at all crowded*.

But it is impossible for us to deal with the whole subject of the management of these houses in one paper, and accordingly, in another report, we shall return to the subject of St. Margaret's and St. John's Workhouses.

OBSTETRICAL SOCIETY OF LONDON.

CONVERSAZIONE AND EXHIBITION OF INSTRUMENTS.

ON Wednesday evening, March 28th, the first *conversazione* of this young but important Society was held at the Royal College of Physicians, which had been placed at the disposal of Dr. Barnes, the President of the Society, for this purpose. The invitations included, besides the fellows of the Society, numerous leading obstetricians of the continent, the staffs of the various metropolitan and provincial schools, and the fellows of the Royal College of Physicians. The result was a gathering which has probably not been equalled, certainly never surpassed, on any similar occasion. The large rooms of the College were thronged throughout the evening by a stream of visitors, which included nearly all the leading members of the profession. Amongst the foreigners present were, Professor Martin, of Berlin, and Dr. Carl Martin; Professors Hugenberger, of St. Petersburg, and Lazarewitch, of Charkow; Dr. Sköldberg, of Stockholm; Dr. Velten, of Aix-la-Chapelle; Dr. Shiff, of New Orleans.

The great object contemplated by Dr. Barnes, who had projected this exhibition, was to collect specimens illustrating the history of obstetric medicine, and the comparative practice in different countries. It differed from all previous exhibitions in this, that it was not designed so much to exhibit the products of instrument makers, but the instruments approved and used by the teachers and practitioners of obstetrics. Thanks to the energy which had been displayed by the Conversazione Committee and the President and Secretaries of the Society, Dr. Meadows and Dr. Murray, their efforts met with a success which must have been as pleasing to the Society as it was gratifying to the visitors. Specimens of instruments poured in not only from Great Britain, but from Russia, Sweden, Denmark, Germany, France, Italy, and Belgium. So numerous were these that upwards of twenty tables were covered with contributions, grouped in order, so as to represent historically the modifications adopted in different times and countries. Nor did the orderly arrangement end here, for the various instru-

ments concerned in different operations and conditions were also collected together. In this way the opportunity was afforded, not only of tracing downwards from the earliest times the various forms of any instrument, but of contrasting the kinds commonly employed at the present day in different countries of Europe. Some idea of the labour which devolved upon the Committee in carrying out this excellent arrangement may be conceived when we mention that upon one table alone were spread no less than sixty-seven pairs of long forceps.

It will be impossible for us to give more than a very slight sketch of the stores thus laboriously collected, which a rapid survey enabled us to note down. This imperfection is of the less moment that we hear it is the intention of the Committee to prepare a catalogue which will serve as a valuable memento of the exhibition. And if we appear to lay an undue stress upon instruments of foreign invention, it is only because these are less generally known, and the opportunity of meeting with them again is unlikely to occur for at least some time. As regards the relative merit of the home and foreign inventions, it was manifest that Great Britain had no cause to feel other than satisfaction at the part which she played. We believe that it may be said, without charge of exaggeration, that there is no country which now holds a higher position in the obstetric art and the subject of diseases of women than our own; and the display of ingenuity upon this occasion would amply confirm such an opinion. There was no department in the room which did not include specimens to which was attached one or other of those names with which we are so familiar, and of many of which indeed the reputation may be said to be world-wide. Amongst such exhibitors we may note at random the names of Sir James Simpson, Drs. and Messrs. Tyler Smith, Barnes, Spencer Wells, Baker Brown, Greenhalgh, Beatty of Dublin, Braxton Hicks, Graily Hewitt, Hall Davis, Protheroe Smith, Routh, Aveling, Wright, Radford, Roberton, Matthews Duncan, and M'Clintock.

Upwards of six hundred gentlemen attended the *soirée*, a considerable number of whom came up on purpose from various parts of the kingdom. The presence of foreigners lent an additional interest to the meeting, and we think these gentlemen must have been gratified at their very cordial reception. We could not help remarking that (as usually happens on such occasions) every foreigner, no matter from what country, was supposed to be assailable in French; and the efforts to converse in this tongue were sometimes a little amusing. For instance, this little fragment of conversation caught our ears whilst blocked up in a rather dense crowd. An Englishman was speaking of some instrument to a distinguished foreigner. "Il était fait," said he, "pour une *special case*." "Plait-il?" inquired the gentleman, who did not quite understand. "Oui, *plated*," was the unhesitating reply.

For those who desired variety, there was a very interesting collection of paintings in oil and water-colour, by Turner, the Richardsons, Holliday, Moore, Raven, and others, suspended on the walls of the library. Two beautiful views of the new St. Thomas's Hospital were sent by Mr. Currey, the architect. Rhan's dentoscope was shown by Mr. West. Dr. Thudichum exhibited under the microscope living specimens of the Trichina spiralis. Mr. Traer showed some beautiful specimens of photographs of microscopic objects, &c. Mr. Edwards exhibited many admirable photographs of medical men, and Moira and Haigh showed an instalment of another project of the President—viz., an album of portraits of Fellows of the Society.

In a glazed case, preserved with all the care which the deepest respect for their inventor could dictate, were the original obstetric instruments of the Chamberlens, lent for the occasion by the Royal Medical and Chirurgical Society. Amidst all the efforts of ingenuity in the room there were none which were regarded with more curiosity and interest than these. To those who cared to moralize upon the changes which time produces the presence of these instruments in the library of the Royal College of Physicians offered a fertile field. Modern research ascribes the invention of the forceps to Dr. Peter Chamberlen, whose efforts to organize the midwives into a company were opposed by the College of Physicians, from whose roll, indeed, he was, for some escapade, formally expelled. One could not help noticing how little, except superior finish, time has added to the forceps which he first introduced. On a table near to this case was a vast collection of antique instruments, exhibited, for the most part, by Drs. Radford, Matthews Duncan, Hall Davis, and Cory. One of the most curious of these was the forceps of Dr. Burton (date 1751), which consists of a long metal box, triangular, with the angles rounded off, from the base of which spring two short fenestrated blades, capable of being separated or approximated by turning a screw at the apex. There was something about it which reminded one of a huge lobster-claw. Another curiosity was Dr. Smellie's forceps (1752), to the blades of which still clung some tattered leather, a relic of that custom of covering the blades which has now happily fallen into disuse. A small pair of forceps, which might have come from the land of Lilliput, evidently copied from a European model, had attached to it a label showing that it had been brought from Japan by Sir Rutherford Alcock, a gentleman who only quitted the medical profession to become still more distinguished in diplomacy, but whose selection of this instrument would seem to show that he had not lost interest in the subject of his original vocation. On the same table with these was a still greater curiosity—an iron cage, provided with a padlock, and adapted for the female pelvis. It is styled "Venus's girdle," and is similar to one which used to be (and may be now, for aught we know) a subject of endless interest to the popular mind in the Hôtel Cluny, Paris. Without entering into unnecessary details, it is sufficient to say that, were the use of this apparatus general and constant, the very large majority of the instruments exhibited might be dispensed with.

We did not observe any two pairs of long forceps absolutely resembling each other; but the differences for the most part were minute, and doubtless more important in the estimation of the inventor than in that of the casual observer. An instrument bearing the name of Dr. Campbell, of Paris, son-in-law of the celebrated Dubois, was noticeable for the ingenious arrangement of its handles, which were capable of elongation by a simple process. In this way great convenience of introduction is permitted, without loss of the advantage gained by long leverage. So far as we observed, a long forceps exhibited by Professor Lazarewitch, of Charkow, was the only one of this description in which the blades did not cross. It seemed to us a very convenient and well-shaped instrument. We may say the same of one shown by Prof. Krassovsky, also of St. Petersburg. As a rule, it was to be noted that, whilst the British forceps were provided with wooden cylindrical handles, those coming from the continent presented the hooked handle of Levret.

Amongst the many objects of interest brought from Russia by Dr. Hugenberger, was the forceps of old Richter, of Moscow, the very pair used by the great obstetrician to bring the present Emperor of Russia into the world.

As regards the short forceps, of which (excluding antique examples) upwards of forty pairs were exhibited, we have little comment to make. Dr. Beatty showed a very elegant and convenient instrument which was unusually light, and yet appeared not deficient in strength. Some Italian examples were curious from the arrangement of their handles, which were metallic, at right angles to the shaft, and resembled a good deal that attached to the domestic boot-hook. We could not see any advantage in the principle. Numerous examples of the vectis variously shaped, of blunt hooks, funis replacers, &c., completed the display of instruments intended for delivering the child alive.

We pass to the consideration of those employed in the destruction of the child. And here was displayed an amount of ingenuity which would have gratified even the shade of King Herod, had it been hovering in the room. We could fancy, indeed, something appropriate in the startling elevation of the eyebrows upon the bust of Ricardus Harveius, which was so placed as to survey the tables upon which these terrible instruments were grouped. We may safely say that the perforators, not usually mild instruments, were peaceful in the extreme when contrasted with the fearful weapons of foreign origin which were grouped together. The perforators numbered about forty-five. They were mainly distinguished by the position of the shoulder; sometimes single, in others double, and which allowed of a more or less lengthened introduction of the points. Some were sciasor-handled; in others a spring united the proximal extremities. There were eight or ten trepan perforators, of which, perhaps, the "perce-crâne" of M. Assalini was the simplest. They were mostly curved metallic tubes, with serrated sharp distal extremity, and a central shaft armed with a pointed screw. From their novelty to English obstetricians, the cephalotribes, of which about twenty-five specimens were shown, were, perhaps, the implements in this class which attracted the most attention. The original cephalotribe used by Baudelocque was exhibited by the Obstetrical Society, to whom it was presented by Madame Petit-Jean, through the instrumentality of Sir Charles Locock. Sir James Simpson exhibited the cephalotribe of the younger Baudelocque of Paris, as well as seven others. The cephalotribe is an instrument intended for so crushing the head of

the child by screw power as to allow of its passage through a narrowed pelvis. Of all those exhibited, it may be said that the most noticeable points were their size, weight, and strength—qualities in which they might be fairly compared to the heaviest tailors' shears. Indeed it was difficult for most observers to understand the necessity for a magnitude and weight which seemed out of all proportion to the duty to be performed. Of thick solid metal, their blades were in almost every case abruptly curved inwards at the distal extremities. In some the inside of the blade was roughened and hollowed out; in others toothed; whilst in one Titanic implement strong prongs were projected by the movement of a spring in the handle. The blades were generally curved, not as a rule so much as is seen in forceps, and in some the curve was very slight. In two only, those of Lazarewitch and Assalini, was the power produced by a screw placed in the centre. In all the others it was situated at the proximal extremity of the handles. On the whole, the most striking points of difference were to be found in the mode by which the crushing power was applied. In some this was effected by a curved screw; in others, by a straight screw working in a slot; in a third, by a massive chain wound upon a revolving handle. There were one or two in which a winch was added in order to gain power in applying pressure. But the doubtful merit of terrible ingenuity might fairly be contested with these by the forceps-scie of Baron van Huevel. We despair of describing without drawings the mode in which, by this instrument, the child's head is embraced by strong forceps, whilst a chain-saw (like that used in the écraseur), working from side to side, cuts through it from vertex to base. If necessary the body shares a similar fate. Of this instrument there were four modifications, of which two were shown by Professor Faye of Christiania, and M. de Billi of Milan. We were assured by Dr. Middleton, of Brussels, who brought over and explained the action of Van Huevel's instrument, that seven minutes were sufficient to complete delivery by its means.

It is a relief to turn from this group to others of a totally different character. It is scarcely necessary to say that the show of specula was very large. It embraced all classes: the protected glass instrument of Ferguson; metallic, vulcanite, wooden and ivory tubular, and endless varieties of specimens provided with one, two, three, or four valves. A curiosity in this way was an ancient speculum (sixteenth century) made of iron, and shaped somewhat like a Jew's-harp, with three prongs turned up at right angles. By a simple and ingenious contrivance, these prongs, introduced in proximity, were capable of being separated to a considerable distance. Of bivalve specula, the newest and probably the best forms were those introduced by Dr. Tyler Smith, Dr. Graily Hewitt, and Mr. Weiss. A very ingenious and we should think useful instrument for the vagina was marked by the name of Scanzoni. It is of skeleton formation, and allows of traction of the vaginal wall in various directions without the view being impeded. Dr. Tyler Smith shows a metroscope, consisting of a valved speculum, provided with a shifting mirror and small tube for introducing through the os, light being thrown thereby into the uterine cavity. Dr. Hugenberger also exhibits two metroscopes: the first by Krassovsky, of St. Petersburg, consists of a miniature three-valved folding speculum for introduction through a vaginal speculum into a previously dilated os by means of long metallic handles; the second, by Dr. von Grünevaldt, of the same city, is a long conical white metal tube, jointed so as to allow its extremity to assume the direction requisite for introduction into the os.

But our space begins to fail us, and we have done no more than glance at this remarkable exhibition. Without attempting further classification, we can only refer briefly to a few instruments which appeared to us interesting from their novelty or ingenuity. Messrs. Mayer exhibited, for Dr. Marion Sims, a cleverly-contrived chair, which turns by a touch into a convenient operating couch. By the same inventor was shown a uterine guillotine, which grasps the cervix, and then cuts it off; also, a hysterotome, in which either one or two blades, an inch or two long, are projected from either side of a stem by pressure upon a spring. Dr. Sims's spoonbill speculum, now in universal use, his stiffener for the écraseur, and a number of other highly ingenious improvements and inventions by the same surgeon, were also exhibited. There were at least a dozen varieties of metrotome. That shown by Dr. Sköldberg, of Stockholm, resembles a straight uterine sound, from the extremity of which two small blades, about a quarter of an inch long, are projected at right angles, and are made to cut by withdrawing the instrument. Dr. Barnes's metrotome is based upon the view that the stricture is situated at the external os. It consists of a pair of stout scissors for dividing the cervix on each side at that point. The other varieties are intended for division of the internal os as well. Amongst them may be named Simpson's single-bladed bistouri-caché, and Greenhalgh's, Routh's, and Aveling's, made on the same principle, but with two blades cutting simultaneously. In écraseurs, we noticed especially Dr. Braxton Hicks's instrument with the wire-rope; and one by Dr. Haake, of Leipzig, which is remarkable from its working at right angles to the stem. M. Lüer, of Paris, exhibited a large number of instruments. Amongst them was a scarificator, with cupping-glass attached, for employment over the cervix uteri, and designed to replace the use of leeches. By the same exhibitor was shown an instrument for pulverizing liquids, which might be used for effecting local anæsthesia or the application of medicinal agents. Dr. Woodward, of Worcester, showed an obstetric back-supporter, which we should think likely to be useful both in that capacity and as a convenient mode of applying pressure to the abdomen during labour. At the back of a padded plate are two springs, to which a belt, expanded in front, is attached by buckles, and by this means allows of varying and elastic pressure. Mr. Weiss, amongst numerous other articles, exhibited a self-acting vaginal douche of very original character. A kind of bidet is provided with an india-rubber bag, in which fluid is introduced. The weight of the patient seated across the frame compresses this bag so that its contents are forced along a tube appropriately arranged for introduction into the vagina. For very weak and helpless persons this will be in all probability a great boon. A very portable and simple vaginal douche, by Dr. Sansom, merits notice. It consists of an india-rubber bag, with tube and stop-cock. When the bag is rolled up, and the mouth of the tube placed in water, the instrument fills itself. Some ingenious pelvimeters were shown. One especially by Prof. Lazarewitch, which is adapted, by means of branches, to external, internal, or interno-external use, seemed to us well suited for the purpose. Prof. E. Martin, of Berlin, also showed a very portable modification of Baudelocque's. Van Huevel's was likewise much admired.

Thanks to the courtesy of the President of the College, the collection was kept on view during Thursday and Saturday, and was visited on those days by a large number of gentlemen, who availed themselves of an opportunity of quiet inspection, which was hardly possible on the evening of the *conversazione*.

On the following day (Thursday) the foreign visitors whose names are given below were entertained at a public dinner of the Fellows at Willis's Rooms—Dr. Barnes, president of the Society, in the chair. About eighty sat down. Amongst those present by invitation were, Professor E. Martin and Dr. Carl Martin, of Berlin; Professor Hugenberger, of St. Petersburgh; Professor Lazarewitch, of Charkoff, Russia; Dr. Sköldberg, of Stockholm; Drs. Beatty and M'Clintock, of Dublin; Dr. Matthews Duncan, of Edinburgh; Dr. Weber, Mr. Curling, Mr. Le Gros Clark, Dr. Hassall, Dr. Bristowe, Dr. Carr.

After the usual loyal toasts, the "health of the President of the College of Physicians, and the various learned Societies," was given, and especial reference made to the courtesy of the College of Physicians in lending their rooms.

Dr. BEATTY, in reply, spoke of the pleasure with which he had witnessed the exhibition of many things that we might safely use, and many that we might still more safely avoid. He did not wonder at the obstetric art taking the high position which it did in the land of the Chamberlens, Smellie, Merriman, Davis, &c. He complimented the Fellows upon their President, and concluded by promising any or all present a hearty welcome in Dublin.

Dr. HARE, President of the Medical Society, returned thanks on behalf of that body.

The PRESIDENT, in giving next the toast of the "Obstetrical Society of London," coupled with the name of its founder, Dr. Tyler Smith, referred to the great opportunities for gaining obstetric experience presented by a city with so vast a population as ours, and spoke in warm terms of the obligations due to the founder for providing a means of utilizing such experience.

Dr. TYLER SMITH, whilst thanking the company, said that they might feel proud of their Society. It was only seven years old, but was equal to any other in the world. From its successful youth, a vigorous manhood might be augured. There was no occasion to speak of old age, for the knowledge of saving life must be perennial.

Sir WM. FERGUSSON said that it was his happy privilege to propose the health of the President. He did not know who

first conceived (a proper term) the idea of bringing together so many persons and objects of interest, but he believed they were indebted for it to their President. It was an era never to be forgotten. Such a meeting as that of the previous evening could not have taken place a few years ago, and it was only under the auspices of such a Society as this that such an event could be consummated. They had exhibited to-night an example of that kind of sociality which belongs to Englishmen. The speeches had gone off quickly; "delivery had been rapid and complete;" and now, as they said in Scotland, the "happy moment" had arrived in which they should drink the health of the President.

The PRESIDENT, having returned thanks, proceeded to propose, in the French language, the health of the foreign visitors. In a very eloquent address, he referred to the pleasure which the presence of these gentlemen had afforded the Society, and remarked that the science of medicine was of no nationality, and none belonging to it could really be called foreigners. After pointing out the essential liberality of medicine, he alluded to the useful effects of learned societies such as the one to which they belonged, and remarked that true science no more lost by free publicity than did the stars lose light by shining.

Professor MARTIN, of Berlin, returned thanks in German.

Professor LAZAREWITCH, who spoke in French, referred to England as the native country of the discoverer of the forceps.

Professor HUGENBERGER, who also spoke in French, said that obstetric art owed much indeed to England. He would mention an historical incident. Queen Elizabeth, at the request of the Czar of Russia, sent over to St. Petersburg an English physician, Robertus Jacobus, to attend the Czarina, as he had been very successful in assisting the Queen. Thence arose a new era in Russian medicine; the study of diseases of women had taken root from that period. After alluding to the pleasure of his visit, and returning thanks for the honour done him, Dr. Hugenberger said that he would conclude with a sentiment expressed in a language common to the scientific world—"Vivat, floreat, crescat Societas Obstetricalis Londinensis!"

The toast of "The Conversazione Committee" was then proposed by Dr. OLDHAM, and responded to by Dr. GREENHALGH. There were then loud calls for Dr. Meadows, whose indefatigable exertions the President warmly eulogized. The remaining toasts were "The Country Fellows" and "The Ladies," which having been duly honoured, the party broke up.

The collection was visited on Wednesday last by Sir James Simpson and Dr. Keiller, of Edinburgh.

PROFESSOR HUXLEY'S LECTURES AT THE ROYAL COLLEGE OF SURGEONS.

IN his ninth lecture, continuing his account of the anatomy of the porpoise, Professor Huxley stated that the organ of hearing presents several remarkable modifications. There is no concha, and the external aperture of the ear is very small. The meatus takes an undulating course for about two inches, till it reaches the cavity of the tympanum, which is invested by the shell-like tympanic bone. The tympanic membrane (as in most mammals) is concave outwards; but, instead of the malleus sending out a handle-like process to it, a process of the membrane passes inwards and attaches itself to the body of the malleus, which has no handle, though it has a processus gracilis. The tensor tympani goes to the inner wall of the tympanic cavity, and the stapedius is not enclosed in any bony cone. The stapes has a very small perforation. The semicircular canals are small and narrow, but the cochlea is very large and wide, and appears to make two and a half turns. The Eustachian tube opens as has been already mentioned, and ascends anteriorly. It resembles that of the horse, in that it is connected with air chambers, but the details of arrangement are very different. In the first place, it leads into a great sinus (which has been found nearly filled with strongyli), continued forward to the posterior part of the maxilla. Another prolongation curves forwards in a canal situated between the maxilla and the frontal, and altogether there is a complicated system of canals connected with the Eustachian tube, such as exists in no other mammal. Their function is quite unknown. The penis is exceedingly large, but boneless. The genital opening is much more in advance of the anus in the male than in the female; but a little in front of the anal opening there is, in the male, a small fossa containing a single, median, rudimentary teat. The penis is bent upon itself, and there are two very large ischio-cavernous muscles attached to the rudimentary pelvic bones. The testes are abdominal, and there are no vesiculæ seminales. In a male porpoise which Professor Huxley dissected ten years ago he found a very large uterus masculinus, but this structure has not since been observed. The female generative organs resemble those of the *Ungulata*, and the placenta is diffuse and non-deciduate. Each mammary gland is provided with a central receptacle.

The toothed whales, or *Delphinidæ*, agree in the main, as to their structure, with the porpoise, and the whole have the common characters before mentioned. They are divisible into three families, of which the *Platanistidæ* are the least modified, and from which the other two families, *Delphinidæ* and *Micropteridæ*, branch off in different directions. The *Delphinidæ*, to which family the porpoise belongs, agree in having the malar and lachrymal bones very early united together, if not sometimes being actually connate; the malar, also, is always very short and slender. The pterygoids, in the dry skull, are separated by a median cleft. The periotic is quite loose, and shut out from taking part in the true cranial wall. The anterior ribs unite with both the bodies and transverse processes of the vertebræ, but at a certain point of the vertebral column the head of the rib suddenly ceases to be developed. The sternal ribs are quite ossified. In almost all the species, teeth are present in both the upper and the lower jaws. This family is divisible into two subordinate groups, the first containing *Monodon* (the narwhal) and *Beluga*, the second comprising all the other forms. In the first group the head is rounded anteriorly, all the cervical vertebræ are free and separate, and the axis has a slight odontoid process. The female narwhal has two functionless teeth concealed in alveoli formed by the maxillæ only (therefore canines, or, at least, not incisors); the male has one, very rarely both, of these teeth enormously developed, forming, indeed, the largest tooth of any animal whatever. In the second group the snout is rounded and pointed, and the cervical vertebræ are more or less anchylosed together. Some species have a few rather large teeth, others have very many small ones. One member of this section—the grampus—is perhaps the most voracious and destructive of all the inhabitants of the ocean. Eschricht found in the stomach of one individual the enormous number of thirteen seals and thirteen porpoises, more or less digested; and it is a very singular fact that all the seals were flayed. The destruction occasioned by such an animal must indeed be prodigious; but its prey is exceedingly destructive also, for a porpoise will devour seven or eight fair-sized fish one after the other, while the rapacity of the fish is such that a cod will devour eight or nine herrings in rapid succession.

All the *Delphinidæ* are marine, with the single exception of the genus *Inia*, which inhabits South America, and forms the transition to the *Platanistidæ*. For in *Inia* the anterior part of the head is more or less separated from the proper cranial portion by a constriction; the orbital processes are smaller than in the other dolphins, and the beak is very long and narrow, the mandible having an exceedingly long symphysis. The teeth also differ from those of the other dolphins, as some of them have a heel, or posterior production of the bore of the crown. The family *Platanistidæ*, which consists of one species only—the dolphin of the Ganges—has many interesting characters. The eye, according to Eschricht, is *very* small, only a line and a half in diameter! Each maxilla is produced upwards into an enormous crest. The asymmetry of the head is very marked, the nasals and apex of the supraoccipital being twisted out of the middle line. The pterygoids quite unite together medianly, and the face is still more marked off from the hind part of the cranium, by a constriction, than in *Inia*. The supraoccipital processes are very small, but the zygomatic process of the squamosal is exceedingly produced, recalling to mind that of the manatee. The periotic forms an integral part of the true cranial wall, and is no longer free. The mandible has a more developed coronoid process than has any other of the *Delphinidæ*, and the length of the symphysis is enormous. The posterior teeth often have the root forked, and the cervical vertebræ are all quite free, and the axis is furnished with a large odontoid process. Thus *Platanistæ* differs from the other *Cetacea*, and presents many interesting approximations towards the more normal and general type of mammalian structure.

THE SICK POOR IN WORKHOUSES.

THE Poor-law Board have determined on instituting an official inquiry into the present state of the sick and infirm wards of the metropolitan workhouses. The avowed reason for this appointment is that any measures which the Board may find it necessary to recommend, or to support in Parliament, must be founded on officially collected reports, obtained through its authorised officers.

The scope of the inquiry will, it is understood, embrace all those points to which our Commissioners have previously directed attention, especially the cubic space, the means of ventilation, the adequacy and suitable construction of the infirmary wards, the sufficiency of the medical attendance and dispensing, and of the nursing staff, and other points. The following document, which has just been forwarded to the President of the Poor-law Board, expresses the opinions of the leading members of the profession as to what is necessary on these heads, and will no doubt receive the consideration which is due to the collective opinions of men of so great authority:—

Having been requested to express an opinion of the principles which should guide any efforts to improve the State treatment of the sick poor in workhouse infirmaries, we beg to state that any scheme in order to be satisfactory should, in our judgment, be based upon the following principles:—

I. The sick poor should be separated from the able-bodied paupers, and their treatment should be placed under a distinct management.

II. In lieu of sick wards annexed to each workhouse, consolidated infirmaries should be provided, where the following rules of hospital management should be adopted under skilled supervision. They are those generally accepted in this and other European countries:—

1. The buildings should be specially devised for the purpose, of suitable construction and on healthy sites. The rules laid down by the Barrack and Hospital Commission may be consulted with advantage on this subject.

2. Not less than 1000 (and for particular classes of cases 1200 to 1500) cubic feet of air should be allowed to each patient.

3. The nursing should be conducted entirely by a paid staff, and there should be not less than one day-nurse, one night-nurse, and one assistant-nurse for each fifty patients.

4. There should be resident medical officers in the proportion of not less than one for each 250 patients.

5. The medical officers should not have any pecuniary interest whatever in the medicines supplied, nor should they be charged with the duty of dispensing them.

6. A judicious classification of patients should be observed: the epileptic and imbecile, the acutely sick and the aged and infirm being treated in separate wards.

7. The aged and infirm, the chronically sick and the convalescent, should be provided with day-rooms separate from the dormitories.

GEORGE BURROWS, M.D.
JAMES CLARK, M.D.
WM. FERGUSSON.
WILLIAM JENNER, M.D.
JAMES PAGET.
EDWARD SIEVEKING, M.D.
THOMAS WATSON, M.D.

A STRANGE anatomical phenomenon has just occurred at Tournay. A post-mortem examination of a young non-commissioned officer who had died in the military hospital has shown that all the internal organs were reversed—thus, the heart was on the right side and the liver on the left, &c. Despite that peculiarity, probably unknown to the young man himself, he had always enjoyed excellent health, and died ultimately of typhus fever.—*Indépendance Belge.*

Correspondence.

"Audi alteram partem."

THE HORSE GUARDS AND ARMY SURGEONS.

To the Editor of THE LANCET.

SIR,—The customary good faith observed by the War Office towards its medical officers has just received another striking illustration; and it is only an act of justice to H.R.H. the Commander-in-Chief and to the Director-General of the Army Medical Department, that the manner in which they recognise and reward long years of faithful service should be made public, since a knowledge of it may decide aspiring, though yet wavering, men to enter the military service. The instance to which I refer is that of the medical officers in the three regiments of Foot Guards, with whom it is proposed to alter a system of promotion which has existed in these corps ever since their formation. This change will now seriously injure, and in some cases utterly ruin, the prospects of certain gentlemen who were sought and persuaded to enter the service at a time of its utmost need.

The facts briefly are these. When the war with Russia broke out in 1854, the Government had the greatest difficulty to find a sufficiency of medical officers; and every effort was made to obtain the services of young surgeons, who, having gained experience as house-surgeons to our civil hospitals, were competent at once to take charge of troops. In this the brigade of Guards was singularly successful, in consequence of its system of promotion being *regimental;* and, before joining, each man was informed that this system was invariably followed, so that by remaining in his regiment he would with certainty succeed to the higher appointments in it. Unless such an assurance had been given, it would have been impossible to have obtained the services of men of this standing, since they would have entered the service on far less advantageous terms than their juniors in the profession. At the close of the war, certain of these gentlemen contemplated retiring, with a view to private practice, but were advised to remain, as their chances of regimental promotion were good; and, to their cost, they have done so.

In 1858, a Warrant was wrung from the authorities by the lamented Lord Herbert, in which the medical officers of the Guards were not mentioned, as is always the case when any body of officers is intended to be affected by a document of this kind; they were not even asked to accept it, and, therefore, could not imagine that their promotion, always different from the rest of the army, was meant to be influenced by it. It is true that the pay of the junior officers was slightly increased by the Warrant, but that of the seniors was decreased both as regards full-pay and retirement; it has, moreover, since been very extensively altered. At the close of 1860, a rumour was heard, *for the first time*, that the medical officers of the Guards were to be affected by the Warrant, and in future the promotion was to be no longer regimental, but in the brigade. The appointment of Mr. Wyatt, however, the junior battalion-surgeon in the brigade, although the senior battalion-surgeon in the Coldstream Guards, to be surgeon-major in this, his own, regiment, set their fears at rest, and was considered final. A recent vacancy has, for particular purposes, been used to re-open the question; and they are now told that promotion is to go in the brigade, and no longer in the separate regiments. By this alteration officers of acknowledged merit, specially selected in 1854 for their experience and standing, and on that account *solicited* to enter the army, will be passed over by men several years their juniors in the profession, although a few days their seniors in the service. Thus the very circumstances which twelve years ago rendered a man peculiarly eligible for appointment, and were considered to be of great advantage to the public service, are now, by a retrospective change in the method of promotion, made the causes of retarding his advancement, and preventing his ever attaining the highest position in the regiment or brigade. This breach of contract is the more gross since the regimental system of promotion was made the special inducement to enter the service, and, on the faith of it, large sums of money have, in some instances, been invested, and must now be inevitably lost.

Your readers will ask, Sir, what can be the cause of this

shameful act of injustice? The only reason assigned is that the medical officers of the Guards accepted the Warrant of 1858, and therefore come under the same regulations as the rest of the army medical department; but, as before stated, this is not the fact, since these gentlemen were neither mentioned in the Warrant, nor was it offered for their acceptance. The real reason appears to be a desire on the part of the Commander-in-Chief to benefit a man, at the expense of the others, who has the good—or the bad—fortune to be the son of a surgeon who was in the Duke's late regiment; and I am right in stating that neither he nor any other medical officer in the Foot Guards had the slightest intimation, when he entered the brigade, that the promotion was to be other than regimental; so that the contemplated change is altogether uncalled for, and is a deliberate breach of faith with the whole of them.

It is to be hoped that the matter will not be allowed to rest here; and if you, Sir, who so often and so successfully have fought the battle of the army medical officers, with other independent journals, will give your powerful aid to this meritorious body of men, even the Duke of Cambridge must hesitate to enforce a decision so arbitrary and manifestly unjust, and which, when known, public opinion will unmistakably declare to be so.

I am, Sir, your obedient servant,

April, 1866. AN HOSPITAL SURGEON.

ON THE PREVENTION AND TREATMENT OF CHOLERA.

To the Editor of THE LANCET.

SIR,—Dr. Parkes in your issue of the 10th ult. objects to my remarks in the "Notes on the Prevention and Treatment of Cholera" published in THE LANCET of the 20th January, chiefly with reference to (1) predisposition; (2) Sir Hugh Rose's general order and the treatment of the sick from cholera in tents; (3) cholera discharges and impure water as a cause.

1. The question is not whether robust health is a safeguard against cholera, for no one pretends that it is; but whether feebleness of health increases the susceptibility to attacks. My own experience* is opposed to Dr. Parkes' results, and for further evidence I would refer him to the report of the 93rd Highlanders.† But may it not be that the difference between us is rather verbal than real?—for Dr. Parkes, after stating that general feebleness of health gives no predisposition, adds, almost in the following line, "Great fatigue, and especially if continued from day to day, predisposes; of this there seems no doubt." Now, what is the effect on the human body of great fatigue continued from day to day, but to enfeeble it, or, in other words, to produce general feebleness of health.

2. In respect to Sir Hugh Rose's order, my opinion was surely sufficiently distinct, that the movement of troops attacked with cholera was often a very necessary and judicious measure; but that there are circumstances under which it will be injurious. Principles, in as far as they are at present attainable, should be laid down; but their application in each instance should be left to the discretion of the authorities on the spot. It would be quite as rational to treat every case of dysentery or of fever by a general order as every outbreak of cholera.

Exception is taken to my reference to the 93rd Highlanders in illustration of the injurious effects of tent life at an unsuitable season. I have no hesitation in saying, and, if your space permitted, could easily show, that a dispassionate consideration and analysis of the report can lead to no other conclusion.

In regard to the dogma that every cholera patient in India should be treated in a tent, Dr. Parkes forgets that the question is not whether a tent or a well-constructed building admits of the greatest amount of ventilation, but whether it does so in combination with the protection from heat, wet, and cold, which the right treatment of cholera demands. Dr. Parkes on this point seems to me to commit the error which runs through and vitiates the entire report of the Royal Indian Sanitary Commission—the treating India as if it were the camp at Aldershott or Curragh.

Since the issue of Sir Hugh Rose's order, which includes the treatment of cholera sick under canvas at all seasons, I have in conversation and correspondence predicted that the strict observance of the order must lead to an increase in the rate of mortality to attacks from cholera in the troops in India. Accordingly, we find that in 1862 in the 93rd Highlanders the rate was 80 per cent. in officers, and 64 in men; and that in 1863 it was 75—in Bengal (*The Times*, 12th February).

Further, it would seem that the Sanitary Commission of Bengal draws from these statistics the extraordinary conclusion that the intensity of cholera is gradually increasing, and that "the main object ought always to be the prevention of fresh cases rather than the medical treatment of those attacked." Whereas the true conclusion is that there has been mismanagement, and that though prevention is of paramount importance the method of management of the attacked is also very important and materially influences the result.

The Bengal Commission reasons very much as the Humane Society would do if they were to neglect the approved methods of recovering the apparently drowned, and, on discovering that the deaths from drowning had increased, were to conclude that the apparently drowned might be left on the river's bank, and their efforts for good be in future restricted to preventing persons from falling into the water.

The collapsed in cholera require assiduous judicious management akin to that which science, experience, and humanity have secured for the apparently drowned, and when given it proves saving of life in the one case as in the other. Of course, a sanitary commission will not discover the proof of this in columns of figures, but the experienced physician will in the wards of an hospital.

3. Dr. Parkes seems to think that practical physicians in India neglect the A B C of sanitary requirements. On the removal of cholera discharges I would remind him that my "Notes" dealt with principles, not details, and would refer him to pp. 205–6 of my Clinical Researches; and would further inform him that cesspits were abolished, and that dry scavenging, with the twice daily removal of excreta, were enforced by me in Jamsetjee Hospital in Bombay long before, I believe, the method was thought of in the Punjab. On the question of purity of water I would also assure him that several years before attention was generally much given to the subject, a large and carefully constructed filtering apparatus formed part of the sanitary system of the hospital under my charge.

I am, Sir, your obedient servant,

Edinburgh, Feb. 19th, 1866. C. MORRHEAD, M.D.

* Clinical Researches, 2nd edition, p. 205.
† Army Medical Report for 1862, p. 421, 422.

ELECTION OF MEDICAL OFFICER TO THE CHARTERHOUSE.

To the Editor of THE LANCET.

SIR,—Permit me to offer one or two remarks relative to the appointment of Surgeon-major Nicoll to the office of Resident Medical Officer at the Charterhouse. Some little misconception—judging from your remarks in THE LANCET of last week—would appear to be prevalent as to the eligibility of that officer for the appointment. In the first place, let me premise that Mr. Nicoll, instead of having nearly completed twenty-five years' service, finished that period some nine months ago. He could, consequently, have retired then or at any time subsequently.

You ask, "Would many years spent in the army medical service prove a good training for such an appointment?" I answer, decidedly, "Yes, provided the medical officer makes a right use of the means of acquiring professional experience afforded him by his position."

I have every reason for believing that such opportunities were fully availed of by Surgeon Nicoll. They include diseases of children, of youths, and of men in mature years. What more can be required? unless, indeed, that knowledge of sanitary science to which the army medical officer is, in an especial manner, led to devote his attention. As regards your second query, "Is it strictly legal for an army surgeon on full pay to be appointed to such an office?" I venture to give an affirmative reply, inasmuch as Mr. Nicoll's full service was completed, and his resignation as battalion-surgeon sent in immediately on his nomination to the Charterhouse.

The third point, as to "whether a Fellow of the College of Surgeons can dispense medicines?" This, I presume, is easily solved by the employment of a dispenser. At least in the army and navy, and other branches of the public service, where "Fellows" are met, the practice is not unusual. Any

breach of law would, I apprehend, rather depend on charge for medicine being made by a Fellow.

I am sorry to find exception taken to the canvass for civil appointments by surgeons in the public service. There is no post of good emolument open to them, as half-pay officers, unless they seek for civil berths. Half-pay surgeons are, relatively, few in number; have, it may be, seen hard service in the field and unhealthy colonies, and I trust sincerely that the profession as a body will not grudge them the reward of an occasional success in after-life.

I am, Sir, your obedient servant,

FREDK. ROBINSON, M.D.,
Surgeon, Scots Fusilier Guards.

March, 1866.

THE VACCINATION BILL.

To the Editor of THE LANCET.

SIR,—In the explanation of the provisions of the new Vaccination Bill published in THE LANCET of the 31st ult., p. 354, it is stated that "the fees fixed are 1*s.* 6*d.* and 1*s.* for vaccination and revaccination respectively." Allow me to observe that this is not a correct representation of the provision. The Bill provides that the fees to be paid shall not be less than 1*s.* 6*d.* in case of vaccination within a distance of two miles, and *not less* than 2*s.* 6*d.* where the distance is greater; while the fee payable upon successful revaccination is to be two-thirds of the fee payable upon each case of successful primary vaccination.

It will be quite competent for the proposed vaccinator to require higher fees than those mentioned if he deems it advisable, and for the guardians to pay them if they think the exigencies of the district render it expedient for them to do so. It is of course a debateable question how far the Legislature is justified in fixing the terms of any contracts; but, in this instance, the medical profession have no cause to debate it.

I am, Sir, your obedient servant,

Regent's-park, April 2nd, 1866. W. G. LUMLEY.

To the Editor of THE LANCET.

SIR,—I beg to call your attention to Clauses 20 and 22 in the Vaccination Bill, which, if passed in their present form, will cause the registration of cases of successful vaccination to be nearly as inefficient as ever. These clauses allow the registrar to enter cases of successful vaccination when the *operation* is performed in their sub-districts, instead of forwarding such certificates of vaccination to the registrar of the district in which the *birth* took place.

By Clause 29, the registrar may require the vaccination of children under the age of thirteen whom he may have reason to believe are unprotected. How can he know the state of vaccination in his sub-district if the certificates be not sent to him? The doing so would involve no more trouble to the surgeons. They might by chance send the certificate to the wrong registrar; but as every registrar is supplied with an official list of all the registrars, he could forward it to the proper person without additional trouble to the surgeon, in the same manner that coroners' informations are sent if wrongly addressed in the first instance.

If these clauses are not amended in committee or in the House of Lords, the registration of cases of successful vaccination will be a delusion.

I am, Sir, your obedient servant,

April, 1866. A REGISTRAR.

LOCAL ANÆSTHESIA.

To the Editor of THE LANCET.

SIR,—Having read in your journal of the 17th ult. (p. 299) Mr. J. B. Walker's letter respecting Dr. Richardson's valuable application of cold in the production of local anæsthesia, as also your comments thereon in the "Medical Annotations" (p. 298), I observed that the method of its application to the extraction of teeth was not so successful as in the other operations alluded to. On this account I am induced to call the attention of the profession to the application of electricity or electro-magnetism, with a view to the painless extraction of teeth, as adapted and employed by Mr. A. E. Harris, dentist, of Mile-end-road.

From the testimony of many of my own patients upon whom Mr. Harris has operated, together with my having personally witnessed the operation, I can with confidence assert that, in my opinion, Mr. Harris has, by the method in which he has adapted this agent, most ingeniously and skilfully succeeded in overcoming any difficulties which hitherto may have existed to the successful application of electricity as a means for rendering tooth extraction, as far as possible, if not quite, "painless," thus divesting the "popular" operation of the principal portion of its proverbial horrors.

I am, Sir, your obedient servant,

Mile-end-road, April, 1866. M. CORNER, M.D.

THE LATE MR. JOHN GIBSON.

To the Editor of THE LANCET.

SIR,—In an article in THE LANCET for March 24th, a letter is quoted from Dr. Topham, in which he states that, "So deeply-rooted was the conviction of the necessity for venesection impressed upon the minds of some of Mr. Gibson's friends, that a telegram was sent to London without my knowledge, inquiring whether the opposite plan of treatment pursued by me was correct."

Permit me to assure Dr. Topham and your readers, that Mr. Gibson's friends never questioned the wisdom of his treatment, or sent any telegram of inquiry. A letter from one of them, however, merely detailing Mr. Gibson's illness and its progress, induced me, for my own satisfaction, to consult Mr. Solly, of Savile-row, and to obtain from him the advice contained in the following telegram. It will be seen that Mr. Solly's judgment entirely corroborates Dr. Topham's, as to the proper course of treatment.

"Mr. Solly thinks no bloodletting required, unless the head be hot and painful. Quiet and nourishment are indicated." I am, Sir, yours &c.,

Hereford-square, March, 1866. FRANCES POWER COBBE.

EDINBURGH.

(FROM OUR OWN CORRESPONDENT.)

THE Royal Medical Society held its annual dinner on the 22nd of last month. The chair was occupied by Dr. Willie, whilst that of croupier was filled by Dr. Chiene. The dinner was excellent, and the attendance of the members good. Amongst the gentlemen present were several of the professors in the University, and there were numerous representatives of the qualified practitioners. It will no doubt be gratifying to old Edinburgh students to learn that this Society, now in its one hundred and twenty-ninth year, is still vigorous and flourishing. Dr. Willie, in proposing the toast of "Prosperity to the Royal Medical Society," which he did in eloquent terms, remarked, amongst other things, that during this session the meetings had been largely attended, the papers more than usually original, and the discussions lively and interesting; altogether the Society was in a very prosperous condition. Everyone interested in the medical student's career will heartily join with the chairman in his conclusión: "I am sure you all wish that this prosperity may long continue, and that the best and most venerable of all students' societies may long maintain its lofty standard of excellence."

The medical winter session, both at the University and the extra-mural School, was brought to a conclusion last week. In a former letter, I referred to the proposal to bring the session to a conclusion some weeks earlier than in previous years, and your readers may remember that this intention was the cause of the refusal to give holidays at Christmas, a resolution which gave much annoyance to the students. It is probable that in future the concession of the holidays will not be granted. The object of the early closing is to give sufficient time for the professional examinations, which are conducted at this season both at the University and the Colleges, being concluded before the commencement of the summer session in May. At the extra-mural School, Dr. Smith, the president of the College of Surgeons, delivered a short but useful address before the various lecturers, and presented the prizes to the students who had distinguished themselves.

The annual meeting of another of our charitable societies, the Edinburgh Maternity Hospital, has been held since my last letter. The number of in-door patients has increased during the last year, but the directors, by exercising economy, have been able to carry on the work of the hospital without incurring debt. The number of patients who have received the benefits of the institution is 621, of whom 291 were attended to in the hospital. Accommodation has also been given in the hospital to females bringing themselves forward as midwives and nurses. By letting apartments to these females on reasonable terms, the revenue of the charity has somewhat increased. It is not often that the expenditure of our institutions leaves so favourable a balance as in the case of this one, and it is gratifying to find the example set by the Maternity Hospital of *husbanding* its resources. The income has been £511 15*s.* 6*d.*; the expenditure £426 0*s.* 2½*d.*; thus giving a balance of £85 15*s.* 3½*d.*

Medical fees, though often forming the subject of private dispute, do not very frequently find their way into our Scottish Law Courts. A case, however, has lately been before the Sheriff Substitute at Falkirk, by whom a decision was given in favour of the pursuer, Dr. Cathill of Denny. The defenders in the action were the executors of the late Michael Benny, Esq., of Ingievar. They appealed the case to the Sheriff, who has dismissed the appeal, and in a note expressed regret that such a trifling matter should have formed the subject of litigation. The facts of this case appear to be, that Dr. Cathill attended a gentleman who had an income of nearly £3000 a year, and charged his attendance at the rate of five shillings a visit. The defence was that this charge was much too high, and was not warranted by the customary charges of other medical men in the district. There was also some dispute about a second visit charged, which was stated to have been unnecessary and to be overcharged. The Sheriff-Substitute found for Dr. Cathill, with expenses; and remarked in his note that it appeared to him that the charge of five shillings a visit was fair and reasonable, and consistent with the pursuer's practice in charging those of his patients whom he considered wealthy. With regard to the disputed visit, he found that the defenders and members of the family had solicited it, and he did not consider the charge excessive. In the present day, when all trades seem to be "striking," a case such as that given would almost indicate the necessity for medical practitioners asserting their rights. It also shows the advantage of a scale of charges.

The installation of Mr. Carlyle as Rector of the University took place to-day. There was a very large attendance, and the Music Hall was crowded some time before the hour for commencing the proceedings. The formality of the installation consisted in Mr. Alex. Gibson, M.A., chairman of Mr. Carlyle's committee, presenting him to the Vice-Chancellor, Sir David Brewster, in the name of the students of the University. The degree of LL.D. was then conferred upon Mr. Thos. Erskine, advocate; Professor Huxley; Dr. Rae, the Arctic traveller; Professor Ramsay, Royal School of Mines; and Prof. Tyndall, Royal Institution. Thereafter, Mr. Carlyle delivered his inaugural address, which was very long, somewhat discursive, and only distinctly audible to a limited number of his numerous audience. The address was extempore.

Edinburgh, April 2nd, 1866.

GLASGOW.

(FROM OUR OWN CORRESPONDENT.)

THE sayings and doings of a provincial, as compared with a metropolitan medical school are, for obvious reasons, of less interest to the bulk of professional readers. As a general rule, at least, this is undoubtedly the fact. It appears, however, to your correspondent, that an occasional report from an impartial on-looker as to what is being done, whether scientifically, practically, or socially, in our local medical world may prove interesting, if to no others, at least to those among your readers who have acquired the elements of their profession in the medical schools of Glasgow. And, if any further apology be required, we have only to mention, among others, the names of Thomas Thomson, Burns, and Graham in the past, and Allen Thomson, McKenzie, Gairdner, and Lister in the present, to show that, in the race for fame, our school has not always lagged behind. This, then, by way of preface.

You are doubtless aware that Glasgow boasts of one of the largest hospitals in the kingdom, containing, in all, upwards of 600 beds. The management of an institution such as this, and more especially the use which is made of it as a means of scientific culture, are subjects of such importance that they are among the first to force themselves upon the notice of any one who views the past and present, and ponders upon the future of our medical school. The affairs of the Royal Infirmary are conducted by a board of managers, consisting chiefly of laymen, but with a very fair proportion of medical men. Between these two elements there has existed for some years a smouldering antagonism, seldom blazing into open warfare, but ever and anon flickering into petty guerilla engagements. A feeling, on the one hand manifesting itself in impatience of lay control in matters medical, and, on the other, in jealousy of professional interference, has resulted in a state of matters which places this noble institution in a position, as a practical school, in some respects inferior to other similar establishments. It must be admitted, however, that during the last few years concessions have been made tending to improve the state of affairs. But the old system, with many of its imperfections, is still adhered to; nor can we hope to see Glasgow, as a seat of medical learning, take that place which she ought to take until these imperfections shall have been removed. Your correspondent has no intention to pen an essay on hospital management (although to this subject he may possibly, with your permission, recur on a future occasion), but would merely indicate three points in which the Glasgow system is radically wrong:—

1. The medical officers are appointed for a series of years, at the close of which period they *must*, however eligible, retire; nor can they again be candidates until a year has passed.

2. The clinical lectures are delivered by the medical officers in rotation for periods of three or six months. There are no fixed lectures on clinical medicine or surgery.

3. The pathological department, although much improved, is still very deficient.

As regards the first two points, the result is that we see comparatively few of the leading men in the profession holding hospital appointments. You can imagine that a man in good position, who has already served for the maximum period of eight years, cannot be expected to go about, hat in hand, to solicit the votes of the managers with the same energy as before, and consequently he is ousted by his junior, whose electioneering tactics are better. Now, his eight years' experience has probably just taught him what clinical teaching ought to be, and his services are thus lost at the very time when they are becoming truly useful to the student. As the matter stands at present, a large—indeed, too large—a proportion of the medical officers are juniors. Your correspondent has not a word to say against any one of these; but with them, in all probability, the same thing will happen that has already taken place so frequently. They must retire so soon as they have attained sufficient experience; and the infirmary is thus converted into a sort of nursery, in which you may go so far but no farther. It is scarcely necessary to add that the above is only the general rule, to which there are many creditable exceptions.

To turn, however, from a medico-political to a social question, your correspondent had the honour, on the invitation of the President and Fellows of the Faculty of Physicians and Surgeons, of being present at a *conversazione* in the Faculty Hall, at which about 250 members of the profession were present. The President, Dr. J. G. Fleming, after receiving the guests, made a short address, which was characterized by great good taste, from his chair in the large hall. He adverted briefly to the history of the incorporation, from the granting of its first charter by James VI., at a time when Glasgow was a place of 6000 or 7000 inhabitants, down to the present day. He then drew attention to the various objects of interest which were distributed through the rooms, including portraits of eminent members of the profession, a magnificent collection of antique gems exhibited by Dr. F. H. Thomson, and a great variety of surgical instruments by Mr. Hilliard and others. In addition to these, there were exhibited various objects interesting to the medical jurist by Professor Penney, and the use of the sphygmograph and laryngoscope was demonstrated by Professor A. Buchanan and Dr. Eben. Watson. The President concluded his observations by expressing his own gratification and that of the Faculty in seeing on this occasion so many of their friends. The thanks of the guests were gracefully expressed in a few words by Dr. Smith, President of the Royal College of Physicians, Edinburgh, who was followed by Dr. Gairdner, of the Royal College of Surgeons. The *conversazione* was a brilliant success, and was succeeded on the following evening by a similar entertainment to the students.

The *Glasgow Medical Journal*, after a chequered and precarious existence as a quarterly during fourteen years, has ceased to exist as such. The first number, however, of a new monthly series will appear on the 2nd of April: "*Le Roi est mort, vive le Roi!*" It is a bold speculation on the part of the enterprising publisher, and deserves to succeed. At a shilling a number, it can only succeed by the unanimous support of the profession in the west of Scotland, and this we hope will not be withheld. Should it escape the dangers of parturition and survive the ailments of infancy, we shall then at least be able to say that professional spirit is not dead in what we here call "the commercial metropolis of Scotland."

NEWCASTLE-ON-TYNE.

(FROM OUR OWN CORRESPONDENT.)

OUR Obstetrical Society held its first annual meeting on the 14th inst. There was a numerous attendance of members and visitors, and the coming session promises to be a prosperous one. At this meeting the title of the Society was changed to that of "The North of England Obstetrical Society," as being more expressive of the sphere of its operations; practitioners from all the northern counties having already joined its ranks, and evinced great interest in its success. The Society has elected several distinguished obstetricians as honorary fellows, gentlemen resident in the different capitals of the United Kingdom, and they have signified their pleasure at being nominated; some have also promised to contribute papers. The address of the President (Dr. Dawson) was attentively listened to, and warmly applauded at its conclusion, and many wishes were expressed that he might long occupy the position he has so worthily held in the North in relation to obstetric medicine. At a late meeting of our Medical Society Dr. Heath exhibited an enormous tumour removed post mortem from a female, aged twenty-nine. It sprang from the clavicle and ribs, measured circularly forty-eight inches, and weighed fifty-two pounds. Dr. Heath said it was the most extraordinary mass of disease he ever saw. It occurred in the practice of Dr. Brown, of Blaydon. Dr. Philipson had made a minute examination of the specimen, and found it was enchondromatous. An examination of the various records of pathology had failed to afford a case of enchondroma approaching this in weight; in that particular it was considered almost unique. The session just concluded of our Medical Society has been a fruitful one for "curious cases," but the crowded state of your columns at present forbids their description.

Newcastle-on-Tyne, March 24th, 1866.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 29th ult.:—

Booth, James Webb, Queen-street, Huddersfield.
Gillett, William, Westminster.
Glaister, Harry Bunill, Southwell, Notts.
Saunders, George Cooper, Earlswood, Redhill, Surrey.
Simpson, John Henry, County Asylum, Gloucester.
Warlow, Henry, Haverfordwest.

The following gentlemen also on the same day passed their first examination:—

Clapham, Lawrence, St. Bartholomew's Hospital.
Newton, Lancelot, St. Bartholomew's Hospital.

SOME French chemists have succeeded in obtaining oxalic acid from the waste of shoemakers' and saddlers' shops.

IT is proposed to establish in Chelsea an hospital for the reception of children under fifteen years of age.

INDIA.—A native has been detected mixing poison in the bread made in the Government bakery at Lucknow, and has been sentenced to transportation for twelve years.

THE DISEASE AMONG SHEEP.—An Order in Council has been issued, directing precautionary measures against the further spread of the disease among sheep.

THE United States Congress has purchased Ford's Theatre (in which Mr. Lincoln was assassinated) as a museum for the medical department of the army, and for the disposal of documents relating to the soldiers.

DR. DE SERE has just effected a new application of voltaic heat to surgery. At a white heat (1500° centigrade), produced by electricity, a platinum blade will cut the flesh through in an instant.

A SPRING OF NAPHTHA.—A Kertch paper announces that a spring of naphtha has been discovered in that neighbourhood. As much as 4000 gallons were obtained in twenty-four hours.

GUADALOUPE.—Cholera has again broken out in the country districts. The medical staff has been augmented, and a commission appointed to make inquiries and point out a remedy for the epidemic.

EXTRAORDINARY BIRTH.—On Wednesday, the 14th inst., at Seaton of Cullen, Mrs. Mowatt gave birth to four full-grown infants, two males and two females. Mother and children are doing well.

CATTLE PLAGUE.—At the Worcestershire Court of Quarter Sessions on Thursday week, Earl Dudley read a letter announcing the reappearance of the plague in the neighbourhood of Stourbridge.

MR. SCHLEESING has succeeded in discovering an arrangement by which an intense heat, sufficient to melt iron, can be procured from ordinary gas. By Mr. Schleesing's plan a piece of iron weighing 400 grammes can be melted in twenty minutes.

M. JULES SIMON, in his new work "Le Travail," states that at Jelle and Rouen there are some women so saturated with intoxicating liquor that their infants refuse the breast of a sober woman. In the mountains of the Vosges the infants drink brandy.

ROYAL COLLEGE OF PHYSICIANS.—Dr. B. W. Richardson commenced the delivery of a course of six lectures at the above institution, on Wednesday last, on "Physical Researches in Pathology and Therapeutics." Members of the profession are admitted on production of their cards.

"SCIENTIFIC OPINION" gives an account of an iridoscope by M. Houdin—an instrument by means of which anyone may examine the condition of the humours of his own eye. It implies, however, a method of investigation which is by no means novel in entoptics.

FRENCH EDUCATIONAL COMMISSION.—Dr. Demogeot and Dr. H. J. Montucci, Commissioners from the French Government, are at present in this country with the object of inquiring into the state of education in our universities, &c. Dr. Demogeot visited King's College and Christ's Hospital last week.

ROYAL AGRICULTURAL SOCIETY.—An important meeting of this Society was held on Thursday to decide whether the annual cattle show should be held in 1866. It had been intended to hold the national show at Dublin this year, but in consequence of the cattle plague the idea has been given up for the present.

GLASGOW MEDICO-CHIRURGICAL SOCIETY.—At the meeting of this Society, held on Tuesday, 13th March, in the Hall of the Faculty of Physicians and Surgeons, the following gentlemen were elected office-bearers for the present year:—President: Dr. Allen Thomson. Vice-Presidents: Dr. Robert Paterson, Dr. John Coats. Council: Dr. Naismith (Hamilton), Dr. W. T. Gairdner, Dr. Yeaman, Mr. Robertson (Renfrew), Dr. Dewar, Dr. Tindal. Secretaries: Dr. James Adams, Dr. Robert Perry. Treasurer: Dr. Howatt.

REWARDS GRANTED BY THE ACADEMY OF SCIENCES OF PARIS.—On the 5th ult., the Academy of Sciences of Paris held its anniversary meeting, on which occasion the following prizes were awarded:—M. Chenu, military surgeon, the statistical prize, for his "Medico-Chirurgical Report on the Crimean Campaign;" M. Vanzetti, of Padua, the prize of Medicine and Surgery, for his labours respecting the cure of aneurism by digital compression (£100); a prize to Messrs. Chauveau, Viennois, and Meynet (£100), for their experiments proving that the cow-pox and small-pox are *not*, contrary to M. Depaul's views, identical diseases; a third prize to M. Luys (£100), for his researches on the cerebro-spinal system.—Certificates to M. Desormeaux (£60), for the invention of the endoscope; to M. Inequet (£60), for his work on "A Derivative Circulation in the Limbs and the Head of Man;" and to M. Legrand du Saulle, for his book "Insanity in Courts of Law;" a portion of the Cholera (Bréant) prize to M. Davaine (£100), for his experiments on the Cacteridia. The Academy

has also presented, from the same fund, £160 to M. Grimaud (de Caux), for the fearlessness which he displayed in going to Marseilles, during the worst period of the epidemic, in order to study the disease; the Godard prize to M. Hélie, professor at the Medical School of Nantes, for his anatomical researches on the uterus.

CHARING-CROSS HOSPITAL MEDICAL SOCIETY.—At the annual meeting of this Society, Mr. E. Sandwell, President, in the chair, the following gentlemen were elected office-bearers for the session 1866-7:—Hon. President: Dr. Hyde Salter. President: C. W. Calthrop, Esq. Vice-president: R. Bayley, Esq. Treasurer: J. G. Mackinlay, Esq. Hon. Secretary: W. P. Adams, Esq. Council: Messrs. Sandwell, Thorndicroft, Whitney and Wilkinson. Representatives of this Society serving on the Council of the Junior Medical Society of London: E. Sandwell, Esq., and C. W. Calthrop, Esq. After the election, Mr. S. S. White read the prize essay of the Society on Iritis. The prize awarded by the Society consisted of Aitken's "Practice of Medicine," together with two medical plates. The meeting then terminated with a vote of thanks to the retiring officers.

BEQUESTS.—Miss M. F. Woodburn, of Kensington Park Gardens, lately deceased, has bequeathed large sums to several charitable institutions, and has not forgotten some of our most deserving medical institutions;—as the Hospital for Consumption, Brompton, £1000; St. Mary's Hospital, Paddington, £300; the Metropolitan Convalescent Institution, £300; the Sea-side Convalescent Hospital, £300; the City of London Hospital for Diseases of the Chest, £300; the Nottinghill and Shepherd's-Bush Dispensary, £300; the Royal National Sea-bathing Infirmary, £200; the Westbourne Dispensary, £200; and the Kensington Dispensary, £50. All legacies to be paid free of duty.

ANÆSTHESIA BY PULVERIZED ETHER.—An article has appeared in the *Gazette Hebdomadaire* of Paris (March 23rd), wherein M. Léon Le Fort tries to prove that this practice is borrowed from the French. He relies on a passage of the article "Anæsthesia," by M. Giraldès, in the now publishing "Dictionnaire de Médecine et de Chirurgie Pratique." M. Giraldès says:—"I think that ether or chloroform, pulverised by any of the numerous well-known instruments, especially by Luer's, may yield good results." This phrase, and perhaps M. Giraldès' experiments, says M. Le Fort, remained unnoticed when Dr. Richardson published his article on local anæsthesia in February last.

MENSTRUATION AND ABORTION AT SEVENTY-TWO YEARS OF AGE.—Dr. Prion mentions this case in the *Bulletin de la Société de Médecine d'Angers*:—The patient, seventy-two years of age, began menstruating at sixteen, married at twenty-eight, and had six children, the last of whom she bore when she was forty-eight. She suckled this child, and saw no catamenia afterwards. On March, 1863 (viz., twenty-four years after the last catamenia), she menstruated for three days, and the same happened on the 2nd of April and the 4th of May. She then consulted her doctor, being afraid of cancer. On examination she was found quite sound. In June and July the catamenia appeared again. In August they lasted but one day; and, at the close of this month, as well as in September, the patient had some sickness of stomach, a circumstance to which she paid but little attention. On October 26th she sent, in great haste, for the doctor; and it was found that she had had labour pains. Having experienced a kind of sensation as for an evacuation per rectum, she had felt something rather bulky pass per vulvam, with much liquid. The latter was serum mixed with blood, wherein a two-months' fœtus was floating. The placenta was discharged two days afterwards, and the patient did very well. She died, however, three months afterwards of extensive bronchitis.

Obituary.

J. WALLER MELSON, B.A. (LOND.), M.R.C.S.

OF late we have had to record the deaths of several members of the profession who have succumbed to diseases caught in the wards of our hospitals. It is with much regret that we have now to add another name to the list—that of Mr. J. Waller Melson, B.A. Lond., M.R.C.S., who died on the 22nd ult., at the General Hospital, Birmingham. Mr. Melson has for some time past acted as one of the resident clinical assistants at the General Hospital, and in performance of his duties he contracted the malady diphtheria, to which he fell a victim at the early age of twenty-three years. He was a most distinguished student of Queen's College, Birmingham, and graduated, with high honours in Physiology (2nd B.A. Exam.) in the University of London. His death, at the beginning of a career of much promise, has caused a feeling of great regret among the profession, and of deep sympathy with his father, Dr. J. B. Melson. Mr. Melson, we may add, is the second resident assistant at the General Hospital who has lately died of diphtheria.

ARTHUR RICHARD BECKETT, ESQ., L.F.P. & S. GLAS.

OF SOUND MANOR, CHESHIRE.

THE medical profession of Liverpool has sustained a great loss in the death of this accomplished gentleman. After pursuing his studies at King's College, Mr. Beckett became house-surgeon at the Lock Hospital, and subsequently house-surgeon at the Royal Free Hospital. He was distinguished by the devotion which he manifested in the pursuit of professional knowledge; and, although possessed of considerable property, he preferred the arduous duties of hospital practice to those of private practice. After leaving London, he was appointed medical officer to the Fever House of the Liverpool Infirmary, where he gained the confidence and respect of the authorities by the indefatigable manner in which he discharged the duties of the office. He contracted typhus fever, and died on the 10th ultimo, in the twenty-eighth year of his age. Mr. Beckett had endeared himself to his colleagues and numerous friends by his kind, gentle, and obliging disposition, and all those virtues which distinguish a gentleman of high character.

MEDICAL VACANCIES.

Bridgnorth Infirmary—House-Surgeon and Apothecary.
Brighton and Hove Lying-in Institution—Resident House-Surgeon.
Kilburn Dispensary—Resident Medical Officer.
Penkridge Union (Brewood District)—Medical Officer.
Sheffield Public Hospital—House-Surgeon and Assistant House-Surgeon.

MEDICAL APPOINTMENTS.

G. J. BLAISDON, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Beckington District of the Shraford Union, Lincolnshire, vice M. Franks, M.R.C.S.E., resigned.

ALEX. BOYTLE, M.D., has been appointed Senior Resident House-Surgeon to the Leeds Public Dispensary, vice C. G. Bett, M.D., resigned.

T. M. BUTLER, M.R.C.S.E., has been appointed an Honorary Assistant Medical Officer to the Surrey County Hospital, Guildford.

E. COOKSON, L.S.A.L., has been appointed Resident Assistant House-Surgeon to the Leeds Public Dispensary, vice J. H. Quin, M.R.C.S.E., resigned.

Assist.-Surg. M. DOUGLAS has been promoted to be Surgeon to the 3rd Durham (Sunderland) Rifle Volunteer Corps, vice Pyle, resigned.

Mr. R. HARRISON has been appointed Junior Surgeon to the Liverpool Northern Hospital.

H. E. HERBERT, L.S.A.L., has been elected Medical Officer and Public Vaccinator for District No. 3 of the Hastings Union, vice R. V. Skinner, M.R.C.S.E., resigned.

W. HITCHIN, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the 2nd District of the Keynsham Union, Somersetshire, vice J. H. Simpson, L.S.A.L., resigned.

W. H. KERBEY, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Dilwyn District of the Weobley Union, Herefordshire, vice E. Crickmay, M.R.C.S.E., resigned.

J. MONTON, M.B., has been appointed an Honorary Assistant Medical Officer, to the Surrey County Hospital, Guildford.

C. NATTRASS, M.D., has been appointed Assistant-Surgeon to the 3rd Durham (Sunderland) Rifle Volunteer Corps, vice Douglas, promoted.

W. I. PAGE, M.R.C.S., has been appointed Surgeon to the Peckham-rye Dispensary, vice Mr. Roberts, resigned.

W. H. PLAISTED, M.R.C.S.E., late of the Bristol Infirmary, has been elected Medical Officer to the St. Weonard's or No. 4 District of the Ross Union, Herefordshire, vice J. J. Hardesty, L.R.C.P.Ed., elected, but declined to accept the appointment.

J. L. PRITCHIT, L.S.A.L., has been appointed Medical Officer for the Castle Bytham District of the Bourn Union, Lincolnshire.

G. W. RIDDEN, M.R.C.S.E., Assistant House-Surgeon of the Kent and Canterbury Hospital, has been appointed House-Surgeon to the Taunton and Somerset Hospital, vice P. W. Gibson, M.B., appointed Assistant Medical Officer to the Broadmoor Criminal Lunatic Asylum.

F. T. ROBERTS, M.B., B.Sc. Lond., has been appointed Physician to the Liverpool Northern Hospital.

T. J. SCHOLLICK, M.R.C.S.E., has been appointed an Honorary Assistant Medical Officer to the Surrey County Hospital, Guildford.

G. J. SEALY, M.D., has been appointed Medical Officer and Public Vaccinator for the Weybridge or No. 4 District of the Chertsey Union, Surrey, vice R. Harcourt, M.R.C.S.E., deceased.

J. SIMPSON, L.R.C.P.Ed., has been appointed House-Surgeon to the Leith Hospital and Edinburgh Humane Society and Dispensary, vice D. M. Forbes, L.R.C.P.Ed., resigned.

MARION SIMS, M.D., has been appointed Consulting Surgeon-Accoucheur to the Pimlico and Westminster Institute for the Diseases of Women and Children.

H. DE TATHAM, L.R.C.P.L., M.R.C.S.E., has been appointed to the office of House-Surgeon at St. Mary's Hospital.

Dr. H. J. THORP, of Trinity-square, has been appointed Medical Officer to St. Saviour's Union, Southwark, vice Dr. Hebbard, resigned.

Births, Marriages, and Deaths.

BIRTHS.

On the 14th ult., at Ivy Villa, Southminster, Essex, the wife of Thos. Carter Wigg, M.R.C.S.E., of a daughter.

On the 17th ult., at Upper Leeson-street, Dublin, the wife of M. Ryan, M.D., M.R.C.S., of a son.

On the 20th ult., at Guernsey, the wife of H. Bate, M.R.C.S.E., of a daughter.

On the 21st ult., the wife of G. J. Hinnell, M.R.C.S.E., of Bury St. Edmond's, of a son.

On the 23rd ult., at Dalkeith, the wife of C. W. Graham, M.D., of a son.

On the 24th ult., at Ingatestone, Essex, the wife of T. Hodson, M.R.C.S.E., of a daughter.

On the 24th ult., at St. Day, Cornwall, the wife of G. Michell, M.R.C.S.E., of a son.

On the 24th ult., at Elgin-road, Kensington-park, the wife of J. E. Dalzell, L.R.C.P.Ed., L.F.P. & S. Glas., of a daughter.

On the 27th ult., at Great Aycliffe, the wife of Alfred Scott Gell, M.R.C.S.E., of a son.

On the 28th ult., at Dreghorn, Ayrshire, N.B., the wife of J. Caldwell, L.R.C.P.Ed., L.F.P. & S. Glas., of a daughter.

On the 2nd inst., at Bentinck-terrace, Regent's-park, the wife of R. H. Perkins, Surgeon Bengal Army, of a son.

MARRIAGES.

On the 28th ult., at Blythswood-square, Glasgow, Andrew Walker Buist, Esq., of Berryhill, Fife, to Isabella Scott, elder daughter of the late Dr. John Alex. Easton, Professor of Materia Medica in the University of Glasgow.

On the 29th ult., at Plumstead, Kent, Andrew Wise, M.R.C.S.E., to Marie Jane, daughter of John Sharp, Esq.

DEATHS.

On the 12th of Feb., Samuel S. Davies, M.R.C.S., of Pembridge, Herefordshire.

On the 30th ult., at Ely-place, White Hart-lane, Tottenham, Mary Ann, daughter of the late Fortescue Mansell Pinkney, Surgeon, aged 79.

On the 21st ult., at Avenue House, Acton, Middlesex, R. Hocking, M.D., late of Penzance, aged 61.

On the 22nd ult., at Arkley Lodge, Barnet, Herts, Robt. Cave Brown, M.D., aged 66.

On the 24th ult., John Parker, M.R.C.S.E., of Wincanton, Somersetshire, aged 59.

On the 24th ult., Thos. Seaton, M.R.C.S.E., of West Malling, Kent, for thirty years a Surgeon in the Royal Artillery, aged 74.

On the 27th ult., at Lutterworth, W. Jones, M.D., aged 86.

On the 28th ult., Wm. Cheesewright, M.R.C.S.E., of Sturminster, Newton, Dorsetshire.

On the 28th ult., at Carlton-terrace, Edinburgh, Wm. Mackenzie, M.D., of Culbo, N.B., late of the E.I.Co.'s Madras Establishment, aged 85.

On the 29th ult., at Petworth, Sussex, J. M. Brydone, retired Staff Surgeon R.N., aged 86.

On the 4th inst., at Bicester, Oxfordshire, Henry Woodward, M.R.C.S.

BOOKS ETC. RECEIVED.

Dr. Leared on Imperfect Digestion.
Dr. Copland on Bronchitis.
Mr. Horsley's Toxicologists' Guide.
Dr. G. S. Gibbs on Vaccination.
Dr. Dobell on Winter Cough.
Dr. Flint's Physiology of Man.
Journal de Médecine Mentale.
Billet's Brief History.
Local Museum Notes. No. I.
The Stars, in Twelve Maps. By Mr. R. A. Proctor.
Indian Medical Gazette. Nos. I. and II. (Calcutta.)
Lost and Found.
Art Journal.
British and Foreign Medico-Chirurgical Review.
Report of the Royal Hospital for Incurables.
Report of Colney Hatch Lunatic Asylum.
Report of Nottingham Lunatic Asylum.
Report of Glasgow Officer of Health.
&c. &c. &c.

TERMS FOR ADVERTISING IN THE LANCET.

For 7 lines and under	£0	4	6	For half a page	£2	12	0
For every additional line	0	0	6	For a page	5	0	0

The average number of words in each line is eleven.

Advertisements (to ensure insertion the same week) should be delivered at the Office not later than Wednesday; those from the country must be accompanied by a remittance.

To Correspondents.

THE LLANGRFNI CASE.

THIS is a case of infanticide. The chief interest of it was the question whether a certain young woman was the mother or not. It would be very unprofitable to enter upon any discussion of this case. The medical evidence upon the plainest matters of fact is so conflicting, and the report of the evidence is so imperfect, that no good could result. One gentleman examines the breasts one day, and finds no milk. Another examines the next day, and finds milk and dark nipples. A third gentleman corroborates both these conflicting statements. A fourth gentleman examines the breasts on the third day, and "finds not a drop of milk." On the first day of his examination he did not find the least discoloration of the nipples, nor any milk in the breasts. The report of what the medical witnesses did say is clearly imperfect. Thus Dr. Thomas is said to have stated that he had observed all the marks incidental to a confinement in Mary Jones; but the particulars are not given. We, of course, regret deeply the conflict of the medical evidence. Doctors are charged with more differences than really exist among them; but a case of this kind perpetuates the discredit, and injures the reputation of medical testimony.

Dr. D. R. Somerville.—The Vaccination Acts require that the public vaccinator shall be a legally qualified medical man, and that the certificates shall be signed by the vaccinator, he being duly qualified.

A. C. C.—It may be doubted how far such a method would be advisable, considering the usually accepted pathology of the disorder.

Black Ash.—The symptoms may be produced by the cause stated.

THE NEW UNIVERSITY REGULATIONS.

To the Editor of THE LANCET.

SIR,—As the subject of the University regulations has recently been brought before your notice, I hope you will give us your powerful aid in endeavouring to convince the University Commissioners that a great injustice has been done to the majority of the junior practitioners, and also to the students of the various schools of medicine, by the new regulations imposed by them. How few out of the multitude of students, after having completed their hospital curriculum, are prepared with pecuniary means to enable them to spend two years at a University. At the present day every opportunity is afforded to students in our hospitals for obtaining a thorough knowledge of disease and its treatment, and their strict and regular attendance upon lectures is imperative in most schools.

Now, after three or four years of such hard work, we may reasonably conclude that the diligent student has acquired a fair knowledge of the diagnosis and treatment of those diseases he may be called upon to attend; and after having undergone a satisfactory examination at one or more of the examining boards, what more can be desired? What difference can it make how or where he has obtained his knowledge, so that he is found to be in possession of it? But the University Commissioners appear to think very little of this; and if a student or practitioner desire to take the degree of M.D., two years of academical study are demanded of him, and after all to be examined principally in those subjects in which he has already been found proficient. Perhaps there is some peculiar difference between the doctrines of a University and those of an hospital, or is it that residence in the former is necessary in order to develop some latent faculties of the brain, whereby a perfect knowledge of disease can only be obtained? or does it endow its graduates with some mysterious power by which disease can be more successfully combated?

I think it will be admitted that all the examining bodies who grant medical and surgical diplomas are sufficiently strict in conducting their examinations to warrant that candidates who obtain them must be in possession of a complete knowledge of all those subjects which pertain to medicine and surgery. Then why not allow men to present themselves, as formerly, for examination at the various Universities? and if they are successful, what reason can there be for enforcing a long and expensive residence? while the majority of practitioners and students have not the means and time for doing so, and it is only a few, to whom these matters are of no importance, that are able to comply with these rules; so that in future the possession of the degree of M.D. will not be altogether an index of a man's ability in dealing with disease, but to a great extent only a representation of the length of his purse.

I hope the Scottish University Commissioners will be petitioned, and the hardship which has been imposed pointed out, and I have no doubt they would be willing to alter their decision.

I remain, Sir, yours truly,

April 2nd, 1866. JUNIOR PRACTITIONER.

W. W. M.—We offered no opinion upon the merits of the Brahee sugar powders; but we will now do so. We believe them to be perfectly worthless as a remedial agent. It is scarcely necessary for us to say that we are not responsible for the opinions of our correspondents. Our own opinion is given above, we hope with sufficient distinctness to satisfy the most sceptical reader.

A Student, (Manchester.)—The primary examinations in Anatomy and Physiology commence this day (Saturday) at the College of Surgeons.

POOR-LAW MEDICAL REFORM.

MR. GRIFFIN begs us to inform the Poor-law medical officers that the following subscriptions have been received by him towards the funds of the Association:—E. J. Hinnell, Thingoe, 5s.; R. T. Morris, Wigan, 20s.; H. Green, Lexden and Winstree, 10s.; D. P. Lyn, Blandford, 5s.

By Mr. Prowse:—J. James, Bristol, 10s.; J. H. Wraith, Over Darwen, 10s.; J. Probert, Merthyr Tydvil, 10s.; F. Allday, Merthyr Tydvil, 10s.; J. Dyke, Merthyr Tydvil, 10s.; M. Rees, Merthyr Tydvil, 10s.; R. Roberts, Eastbourne, 5s.

THE CORONER'S COURT AND MEDICAL WITNESSES.

IF the axiom that none are so bad as those who do not pay, except those who pay beforehand, be accepted, it might with as much truth be stated there is more evil in giving a receipt for money which has *not* been paid than in neglecting to give a receipt for money received. This has been painfully illustrated in a case lately tried before the Islington County Court. Dr. Sansom sued the Coroner of Central Middlesex for two guineas, his fee for a post-mortem examination and giving evidence at an inquest. Dr. Sansom had given a receipt to the Coroner's officer for the sum at the time of the inquiry; and on that functionary some time afterwards tendering him the money, the officer had the ill-breeding to assert that in his belief the money had been paid at the time the receipt was given. This insinuation, for it can only be so characterized, was regarded by Dr. Sansom as an insult, and the Coroner's officer was requested to leave the house, his tender of the fee being repudiated. Hence the proceedings at law, which ended in a verdict for the plaintiff. The moral of all this is that receipts should not be given without the money to which they refer being forthcoming. Such an unpractical way of doing business is open to the strongest objections, not the least of which is that it may give rise to dissensions between gentlemen in every way entitled to respect for honourable conduct, but who may be placed in a position of unnecessary collision from neglect of those precautions which are essential to the proper conduct of the ordinary transactions of life. There is no doubt that the Coroner in a legal sense is responsible for the acts of his agent; but we are convinced that in the case to which our correspondent refers there was no intention on either side to act in a spirit opposed to justice. Nothing can be more disastrous to the progress of opinion with respect to the necessity of the appointment of medical Coroners than hostile relations between Coroners and medical witnesses.

Judex.—It would be passing beyond the sphere of our duty to enter into a discussion upon the subject.

A Probable Candidate should consult the Students' Number of THE LANCET.

DILATING INSTRUMENT FOR STRICTURE OF THE URETHRA.

To the Editor of THE LANCET.

SIR,—In bringing before my professional brethren, through the columns of your journal, my adaptation to Mr. Holt's instrument for the immediate dilatation of stricture of the urethra, I do so believing it to possess the following recommendations:—Simplicity, cheapness, and security against accidents when legitimate force is applied.

One or more modifications of Mr. Holt's dilator, either by himself or others, have appeared before the medical public; that best known to me being Mr. Smyly's, of Dublin, which appears to possess this advantage over Mr. Holt's, of being guided into the bladder on a directing wire previously introduced through a small elastic catheter, and thereby tending to cause a considerable saving of time and pain in the operation.

To this instrument my adaptation can be very readily applied. It consists of a simple tube, two or three inches in length, sufficiently large for the bursting rod (say about one-eighth of an inch in diameter) to pass easily up and down, but not allowing of any lateral motion—in fact, fitting it air-tight. This tube (for the sake of explanation I will call it the directing tube) is to be brazened to the lower half handle of the dilator (the upper half being removed), in an exact line with the channel between its blades. Any rod, therefore, of the above diameter (one-eighth inch), if passed up through the directing tube, must necessarily remain between the blades of the dilator, provided no uncalled-for force is used.

Larger bursting rods than that now mentioned are easily made, by having brazened to one of the above rods a longitudinal ridge of steel, in depth corresponding with the increased size required. This ridge, as the rod moves up and down in the directing tube, passes along the channel in the upper blade of the dilator.

To allow of the passage of these rods, a longitudinal opening is cut through the directing tube on its upper surface, sufficiently wide to admit the ridge on the larger rods, but at the same time not to take away from the tube the directing power of the small rod.

Bursting rods of the description given are of turned steel, and cost about 1*s.* 6*d.* each, and being solid, the wire used in the introduction of the dilator must be withdrawn previous to their being passed into the directing tube. The dilator, on the withdrawal of the guiding wire, can act as a catheter; this wire, if probe-pointed, may necessitate a slight enlargement of the eye of the dilator.

Having now explained, I hope in a clear manner, my ideas on the subject, I leave it to my professional brethren to form their own conclusions.

Your obedient servant,

March 26th, 1866. R. H. BRAIN, Assist.-Surg., 53rd Regt.

Dr. Davis.—Parish registers were first proposed in 1538, and in 1559 an order was issued that they should be kept in parchment books. Write to the Registrar-General on the subject.

Mr. Clifford Allbutt.—Respectfully declined.

A Fellow.—The new regulations can be obtained on application to the Secretary.

MIXED ANÆSTHETICS.

To the Editor of THE LANCET.

SIR,—As the subject of anæsthetics is at present occupying considerable attention, perhaps the manner in which I have lately been in the habit of using chloroform may be of interest.

I have found that the vapour of a mixture of about two-thirds chloroform and one-third eau de Cologne is much more easily inhaled than that of pure chloroform; that consequently anæsthesia is more rapidly produced, and that the patient afterwards appears to come more quickly round. I mix the fluids before using them, and adopt the simple means of a handkerchief, avoiding any instrument.

Yours obediently,

Brompton-road, March 29th, 1866. ANDREW FYFE.

THE CÆSARIAN SECTION UNDER LOCAL ANÆSTHESIA BY DR. RICHARDSON'S METHOD.

WE have received an interesting account of a case in which Dr. Greenhalgh performed the Cæsarean section with a successful issue so far as the life of the mother is concerned, and in which all the steps of this great operation were effected painlessly under the influence of the other spray of Dr. Richardson, who had arranged a double vaporizer for the purpose. The details are very interesting and important; but they arrived too late, and we are so much pressed for space this week that we have been unable to insert them in the present number.

"*Scientific Opinion*" is published at the office of *Public Opinion*, at 11, Southampton-street, Strand.

Benjamin.—By all means pass a few months in the capital, and devote them to the study of diseases of the skin and of children.

Mr. Frederic Clowes.—Next week.

Weston.—We presume the revised and improved edition will be given to the public in the course of a few months.

M. O'C., (Dublin.)—Dr. Patrick Blair was sentenced to death as a rebel in 1745.

THE INDIAN MEDICAL SERVICE.

To the Editor of THE LANCET.

SIR,—The small grievance of the army medical officers, as your correspondent, "An Army Surgeon," designated the difficulty medical officers encounter in procuring short leave, is a far more serious matter in this inhospitable clime. There is precisely the same roundabout routine to go through here as at home, and the following order anomalously prohibits the principal good which ought to result if the local or Indian medical department are permitted to exercise any control over those of the Queen's service:—

"Medical officers of the Indian army have nothing whatever to do with the giving or withholding their sanction for leave to Queen's officers; their duty in reference to British medical officers being confined to the supervision of medical subordinates and the hospital expenditure."

The administrative departments are supposed to be distinct, with the above exceptions; but it is quite clear that such is not the case, and that as a result of placing themselves in a false position, lamentable consequences are apt to, and sometimes do, accrue. Why was a certain surgeon of a Fusilier regiment deprived of his corps, and removed from one Presidency to another, because he resisted this unauthorized usurpation? Why was another Queen's surgeon placed by the sentence of a court-martial at the bottom of the list of surgeons of the Queen's army? I am ready to admit in the second instance there was an aggravation of the offence, if offence it was. Why have surgeons of Queen's corps to submit men proposed for invaliding to examination by the local Deputy Inspector-General of Hospitals, and obtain their signature to the nominal roll before these said men can be brought before a Board of *British* medical officers for final disposal? A lunatic soldier is not admitted into an asylum until he satisfies the local Deputy Inspector of his lunacy, though all the British medical officers in the country certify to his derangement. This double establishment necessitates a duplicate system of returns, and thus increased scriptorial work is thrown upon the executive Queen's officers and their subordinates.

If there are to be two administrative medical departments, let the separation be complete. I quote the above facts to illustrate that the present system of mixed supervision leads to bad feeling between the two services, and double work to the executives of the Queen's service.

In the matter of leave, although on the spot, and well knowing the distribution of and demands upon the Queen's officers, the local Inspector has no voice in it whatever. The application for leave, however short, must be made upon the British principal medical officer, who in many instances resides hundreds of miles distant from the applicant. For my own part, I should like to see a thorough separation of the administrative departments, since it has been decided that an amalgamation of the two services is impracticable. If, however, any power over the Queen's medical department is to be vested in the local Inspectors, surely they should consistently have the power of granting leave without further reference, limited if you please, but power to grant "station leave" at least.

The two systems cannot work well, and the organization of hospitals on the Indian footing is, to say the least of it, out of date. What with the Quartermaster General's department, the Commissariat department, the Medical Storekeeper (who is a medical officer, and invariably, I believe, a senior), Examiner of Medical Accounts, and the Indian Medical Code, it is very difficult to obtain the ordinary requisites of a modern well-equipped institution of the kind. Nothing can be better than the extant regulations for staff and regimental medical officers and officers of the purveyor's department; and having seen them in operation both at home and abroad, in peace and during war, I have no hesitation in saying that their immediate introduction into India would be productive of the very best results.

I am, Sir, your obedient servant,

India, February, 1866. VADE MECUM.

Vincit Omnia Veritas.—1. We have been obliged to decline publishing many articles on the subject, and regret that the pressure on our space obliges us to say respectfully "No."—2. Like many others we have received, the article has merit, and would, if possible, have been inserted. No discourtesy was intended in any way.

S. T. F., (Addington-square.)—The L.R.C.P. Lond.

THE IMPROVED PORTABLE ENEMA AND INJECTION APPARATUS.

To the Editor of THE LANCET.

SIR,—In your impression of last week is a notice of "the improved portable enema and injection apparatus," designed by Savory and Moore, of Bond-street. Is this simply a joke of this firm, or are they ignorant that the enema is well known as Higginson's, and which may be obtained at any instrument-maker's or druggist's-shop in the kingdom? As to the flexible bag or reservoir attached to it, that was applied by Reed to his instruments many years since, and is sometimes used to those of other makers.

I am, Sir, your obedient servant,

April, 1866. A SURGEON.

T. W., (Wallsend.)—It is said, on the authority of Mr. Wadd, that when George II. went to Newmarket he made several Doctors of Physic. These, by way of joke, were called "Jockey Doctors." The Archbishop of Canterbury has the power of creating "M.D.s," but rarely exercises the power. They are called "Lambeth Doctors."

M.R.C.S., (Leeds.)—Dr. Brown-Séquard's prescription for insomnia is as follows:—

℞ Potass. bromidi, ʒvi.
Aquæ distillat., ʒv.

Three teaspoonfuls before dinner and four at bed-time with a little wine and water. As there is some difference of opinion respecting the efficiency of this drug, we should be glad to learn the experience of our readers respecting it. Dr. Brown-Séquard, the highest authority on nervous affections, considers it a most valuable remedy.

A Third-Year's Student.—The preliminary examination at the University of Glasgow is not recognised by the College of Surgeons. No doubt it would be if application were made to the Council.

Mr. Alex. Paterson.—We cannot notice puffing newspaper advertisements of wonderful cures.

PSORIASIS.

To the Editor of THE LANCET.

SIR,—Will any of your readers kindly favour me with a hint as to the successful treatment of the following case?—

A gentleman, aged forty, has suffered for four years from inveterate psoriasis, affecting only the sole of the left foot at the junction of the phalanges with the metatarsal bones. It has never entirely disappeared, and has resisted all manner of remedies, external and internal. At times it looks as if it was merely a thickened epidermis; at others it takes on the appearance of a number of small circular patches, consisting of horny scales, with difficulty removable from a reddened base. It causes a slight inconvenience in walking; but it is chiefly important because of the mental anxiety it causes, on account of the gentleman having suffered eight years ago from a slight attack of secondary syphilis—papular eruption and slight sore-throat,—of which he considered himself cured after a continued but mild course of mercurial treatment. Three years after an apparent cure, the gentleman married, and has since had four remarkably healthy children, without the slightest trace of any taint. Shortly after marriage the above-described patches began to appear on the foot, where they have continued ever since. Some time ago the patient, at my advice, took three grains of Plummer's pill every night, and before three weeks had elapsed the sole of the foot had well nigh cleaned, though the red base remained. Just at this time a most troublesome eczema of the scrotum and thighs supervened, and this I attributed to the mercury. I prescribed a fortnight's course of iodide of potassium after the pills; but the eczema still continued for a month longer, gradually wearing away. The patches on the foot are now more distinct than ever, and a fresh one has appeared.

Is this skin disease the result of syphilis or of mercury, or of both combined?

The gentleman's health has been very good throughout, as he has only now and again required a tonic.

Yours, &c.,
Midrecpore, February, 1866. QUERENS.

P.L.M. Officer, (Sidmouth.)—In the month of April, 1732, one thousand five hundred persons died of fever in London in one week. Inoculation was first tried on criminals in 1727. The Princesses Amelia and Caroline had been inoculated in 1722.

A. J.—During the ensuing summer session.

A Correspondent.—The liquor, or elixir Hulleri, sometimes called Huller's acid, consists of one part of concentrated sulphuric acid to three parts of rectified spirits.

King's College Associate.—The fee payable on letters patent under the Great Seal of the United Kingdom for the honour or dignity of a Baronet is £100.

Mr. J. Sutton.—We do not prescribe in this place. Our correspondent should consult a respectable surgeon.

Student had better wait patiently, and see what time will bring forth. We suspect he will not be disappointed.

THE AIR OF OUR LAW COURTS.

To the Editor of THE LANCET.

SIR,—From a short paragraph in your number of the 24th of March, I see that Dr. Angus Smith has recently recorded some curious observations on the air of our law courts, which he found to be extremely impure. Observations of this nature have great interest for the medical profession. They would, however, be of infinitely greater value if accompanied by a detailed account of the means employed by the observer. Dr. Angus Smith is well known to the scientific world for his observations on the amount of organic impurities contained in various atmospheres. His method of detecting organic matter in the air has been understood to consist in the use of a standard solution of permanganate of potash, which loses its colour by decomposition, more or less rapidly according to the amount of oxidizable matter present. This is the chemistry of his method. But so far as I know he has published no description of the *instrument* employed by him in his investigations. For want of information on this point it has not been possible to verify Dr. Smith's observations. Notwithstanding this circumstance, the results obtained by him have been generally accepted by the scientific world without ever having been verified by other observers. The time seems to me to have fully arrived when Dr. Smith might be called upon to produce or fully describe the apparatus which he uses for bringing the permanganate solution into contact with the air operated upon, in order that others interested in sanitary questions may have the means of repeating his experiments.

Yours obediently,
March 26th, 1866. AIR-TEST.

A. Q. Z. would be glad to know of any case of aneurism in the ascending aorta, about one and a half inches' distance from the heart, which has been successfully treated, the mode of treatment, and the time occupied in the same.

St. Thomas's Hospital.—Yes, Mr. John Simon, F.R.S., is the medical officer to the Privy Council. The salary appears in a Blue-book as £1500 per annum.

J. S., (Preston.)—It confers the title of Physician (and "Dr." by courtesy); not of M.D.

Dr. B. should apply to the local assessor of taxes. The duty on a carriage and horses payable by a physician, surgeon, or apothecary is less than in the case of a private gentleman.

PRESS of matter obliges us to postpone the medical report of the late Brighton Review until next week.

COMMUNICATIONS, LETTERS, &c., have been received from—Mr. Henry Lee; Dr. Sheppard; Mr. Lumley; Mr. Fairland; Dr. Morgan; Mr. Turnbull; Mr. Town, Portsea; Mr. Procter; Mr. Garlick, Halifax; Dr. Shettle, Shaftesbury; Mr. Stokoe; Mr. Whalley, Bradford; Mr. Heald; Mr. Law; Dr. Ashforth; Mr. Price; Mr. Harris; Mr. Muriel, Hadleigh; Mr. Duncan; Mr. R. Clarke; Mr. Speer, Douglas; Mr. Hunt; Mr. Warren; Mr. Hinton; Mr. H. de Tatham; Dr. Bodington; Dr. Lewis; Dr. M'Kinnel, San Remo; Mr. Knight; Dr. Horsfall; Mr. Smith, Preston; Mr. Paterson, Aberdeen; Dr. Prain; Mr. Harrison; Mr. Watkins; Dr. Allbutt, Leeds; Mr. Moore; Dr. Ryan, Dublin; Dr. Baker; Mr. Boyd; Dr. Gibbon; Dr. Fyfe; Mr. Gell; Dr. Caldwell, Dreghorn; Dr. Mitchell, Inverness; Mr. Milward, Cardiff; Mr. Sutton; Mr. R. Jones; Mr. Crewe; Dr. Mellor, Matlock; Mr. Davis; Mr. Pitt; Mr. Herbert; Junior Practitioner; P.; A Surgeon; Medicus; An Hospital Surgeon; R. T.; M.P.; An Army Surgeon, India; Black Ash; Papa, Cheltenham; Nomen, India; A Country Practitioner; J. T.; A. B.; Querens, Midrepore; An Army Unfortunate; Ethnological Society; W. G.; A Probable Candidate; Microscopical Society; Sutton's Ghost; S. W.; L.R.C.P. Lond.; &c. &c.

THE *Church Times* and *Cook's Excursionist* have been received.

Medical Diary of the Week.

Monday, April 9.

ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 9 A.M. and 1½ P.M.
METROPOLITAN FREE HOSPITAL.—Operations, 2 P.M.

Tuesday, April 10.

GUY'S HOSPITAL.—Operations, 1½ P.M.
WESTMINSTER HOSPITAL.—Operations, 2 P.M.
NATIONAL ORTHOPÆDIC HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Frankland, "On the Non-Metallic Elements."
ETHNOLOGICAL SOCIETY OF LONDON.—8 P.M. Mr. John Crawfurd, "On the Invention of Writing Materials;" "On an Ancient Hindu Sacrificial Bull with Inscription found in the Northern Island of the New Zealand Group."
ROYAL MEDICAL AND CHIRURGICAL SOCIETY.—8½ P.M. Dr. Morehead, "On the Pathology of Pneumonia," followed by Mr. Gaskoin, "On Continued Syphilitic Inoculation," or Mr. A. Durham, "On the Radical Cure of Hernia."

Wednesday, April 11.

MIDDLESEX HOSPITAL.—Operations, 1 P.M.
ST. MARY'S HOSPITAL.—Operations, 1½ P.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
ST. THOMAS'S HOSPITAL.—Operations, 1½ P.M.
GREAT NORTHERN HOSPITAL.—Operations, 2 P.M.
UNIVERSITY COLLEGE HOSPITAL.—Operations, 2 P.M.
LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Du Bois Reymond, "On Muscular Contraction."
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Dr. B. W. Richardson: "Physical Researches in Pathology and Therapeutics."

Thursday, April 12.

CENTRAL LONDON OPHTHALMIC HOSPITAL.—Operations, 1 P.M.
ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
LONDON SURGICAL HOME.—Operations, 2 P.M.
WEST LONDON HOSPITAL.—Operations, 2 P.M.
ROYAL ORTHOPÆDIC HOSPITAL.—Operations, 3 P.M.
ROYAL INSTITUTION.—3 P.M. Professor Frankland, "On the Non-Metallic Elements."

Friday, April 13.

WESTMINSTER OPHTHALMIC HOSPITAL.—Operations, 1½ P.M.
ROYAL COLLEGE OF PHYSICIANS.—5 P.M. Dr. B. W. Richardson: "Physical Researches in Pathology and Therapeutics."
ROYAL INSTITUTION.—3 P.M. Professor Du Bois Reymond, "On the Time required for the Transmission of Volition and Sensation through the Nerves."

Saturday, April 14.

ST. THOMAS'S HOSPITAL.—Operations, 9½ A.M.
ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
CHARING-CROSS HOSPITAL.—Operations, 2 P.M.
ROYAL INSTITUTION.—3 P.M. Mr. George Scharf, "On National Portraits."